

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SELENA STALEY, VIVIAN HOLMES, and OLIVE  
IVEY, on behalf of themselves and all others  
similarly situated,

Plaintiffs,  
-against-

X  
**PLAINTIFFS' RULE  
26(A)(1)(a) INITIAL  
DISCLOSURES**

FOUR SEASONS HOTELS AND RESORTS, HOTEL  
57 SERVICES, LLC, HOTELS, 57, LLC, TY  
WARNER HOTELS & RESORTS, LLC, and H. TY  
WARNER

Defendants.

X

Pursuant to Rule 26(a)(1)(A) of the Federal Rules of Civil Procedure ("FRCP"), Plaintiffs Selena Staley, Vivian Holmes, and Olive Ivey, by their attorneys, BRUSTEIN LAW PLLC and RISMAN & RISMAN, P.C, pursuant to Federal Rules of Civil Procedure 26(a)(1)(A), upon information and belief, hereby submit their initial disclosures as follows:

- A. The name, and, if known, the address and telephone number of each individual likely to have discoverable information – along with the subject information – that the disclosing party may use to support its claims or defenses, unless solely for impeachment:<sup>1</sup>
  - I. Plaintiff Selena Staley<sup>2</sup>-Will testify about the facts and circumstances of the incidents referenced in the Complaint.

<sup>1</sup> Upon information and belief, with the exception of the Plaintiffs, addresses and phone numbers for the listed witnesses are in the possession of Defendants.

<sup>2</sup> Any communication with Plaintiff should be made through Plaintiffs' counsel.

EXHIBIT

tables'

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2. Plaintiff Vivian Holmes<sup>3</sup>-Will testify about the facts and circumstances of the incidents referenced in the Complaint.
3. Plaintiff Olive Ivey<sup>4</sup>-Will testify about the facts and circumstances of the incidents referenced in the Complaint.
4. Defendant H. Ty Warner -upon information and belief Chief Executive Officer of Hotel 57 Services, LLC, Hotel 57 LLC, and Ty Warner Hotels & Resorts, LLC, as well as "owner" of the Four Seasons Hotel, New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
5. Cathy Hwang- Vice President of Hotel 57 Services, LLC - Will testify about the facts and circumstances of the incidents referenced in the Complaint
6. Joanne Budge, Director of Human Resources at Four Seasons Hotel- Will testify about the facts and circumstances of the incidents referenced in the Complaint.
7. Frank Galasso, Director of Engineering at Four Seasons Hotel- Will testify about the facts and circumstances of the incidents referenced in the Complaint.
8. J. Allen Smith, President and Chief Executive Officer at Four Seasons Hotels and Resorts - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
9. Rudy Tauscher, General Manager at Four Seasons Hotel New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
10. Elizabeth Ortiz, Director of People and Culture at Four Seasons Hotel New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.

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<sup>3</sup> Any communication with Plaintiff should be made through Plaintiff's counsel

<sup>4</sup> Any communication with Plaintiff should be made through Plaintiff's counsel

11. Antoine Chajwan, President Hotel Operations at Four Seasons Hotel and Resorts - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
12. Alexandra Erbiti, Assistant Director of People and Culture at Four Seasons Hotel New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
13. Sharon Brambrut, Director of Rooms of Four Seasons Hotel New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
14. Lisa Lajes, Manager, People and Culture of Four Seasons Hotel New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
15. Julia Shin, Assistant Director of People and Culture of Four Seasons Hotel New York - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
16. Abigail Charpentier, Vice President of Director at People and Culture of Four Seasons Hotel Americas - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
17. Stacy Koppel, Regional Director of People and Culture at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
18. Nicole Spillane, Director of Marketing t Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
19. Richard Kaminskas, Director of Finance at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
20. Stephen Taplin, Director of Security at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
21. Barbara Brown, Senior Revenue Manager at Four Seasons Hotel Americas - Will testify about the

facts and circumstances of the incidents referenced in the Complaint.

22. David Brandt, Director of Catering and Conference Services at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
23. Jeff Scypinski, Director of Sales at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
24. John Johnson, Executive Chef at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
25. Neil Haplin, Assistant Director of Security at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
26. Toni Robertson, Director of Food and Beverage at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
27. Steve Thompson, Assistant Director of Finance at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
28. Michal Dederer, Hotel Manager at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
29. Defendant Sebastian Knutelski, Assistant Director of Engineering at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
30. Defendant Sharmila Tandon, Director of Operations and Quality at Four Seasons Hotel - Will testify about the facts and circumstances of the incidents referenced in the Complaint.
31. Michael Fiasconaro, Director of Engineering at Four Seasons Hotel- Will testify about the facts and circumstances of the incidents referenced in the Complaint.
32. Mo Hussain, IT Specialist at Four Seasons Hotel- Will testify about the facts and circumstances of

the incidents referenced in the Complaint.

33. Elizabeth Wedge, Executive Assistant at Four Seasons Hotel- Will testify about the facts and circumstances of the incidents referenced in the Complaint.
34. Other individuals mentioned in the Defendants' Initial Disclosures.
  - B. A copy or description by category and location of, all documents, data compilations, and tangible things that are in the possession, custody or control of the party and that Plaintiff may use to support her claims unless solely for impeachment. The relevant documents currently known to exist are identified below and are attached hereto:

1. Elizabeth Ortiz Email, dated 11/19/20	Staley v FSR001
2. Four Seasons Letter to Holmes, dated 8/5/20	Staley v FSR002
3. Holmes Credit Card Statements	Staley v FSR003 - 0014
4. Four Seasons Direct Deposit	Staley v FSR0015
5. Four Seasons Letter to Holmes 8/5/20	Staley v FSR0016
6. Four Seasons Internal Memo to Holmes, dated 7/15/20	Staley v FSR0017 - 0018
7. HealthEquity Information to Holmes	Staley v FSR0019
8. Holmes W-2	Staley v FSR0020 - 0021
9. Holmes paystub	Staley v FSR0022
10. Holmes 2021 Annual Enrollment Benefit Summary	Staley v FSR0023 – 0025
11. Four Seasons Internal Memo May 2018	Staley v FSR0026
12. Holmes paystub	Staley v FSR0027
13. Four Seasons Letter to Holmes, dated 3/20/20	Staley v FSR0028
14. Holmes Medical Documents	Staley v FSR0029 – 0030
15. Four Seasons Letter, dated 3/19/21	Staley v FSR0031

16. Four Seasons EmPact Employee Handbook to Holmes	Staley v FSR0032
17. DOL Notice and Acknowledgement for Four Seasons	Staley v FSR0033
18. Four Seasons COBRA Notice to Holmes, dated 5/9/21	Staley v FSR0034
19. Holmes Medical Documents	Staley v FSR0035 - 0036
20. Social Security Statement to Holmes, dated 8/26/16	Staley v FSR0037 - 0038
21. Holmes Medical Documents	Staley v FSR0039 - 0044
22. Thank You Card to Holmes...	Staley v FSR0045
23. Holmes Employee of the Month Nominations	Staley v FSR0046 - 0047
24. Holmes W-2's	Staley v FSR0048 - 0051
25. Holmes paystub	Staley v FSR0052
26. We Hear You Survey	Staley v FSR0053
27. Four Seasons Letter, dated 4/30/20	Staley v FSR0054
28. Four Seasons Letter, dated 5/22/20	Staley v FSR0055
29. Four Seasons Letter, dated 6/22/20	Staley v FSR0056
30. Four Seasons Letter, dated 8/11/20	Staley v FSR0057
31. Four Seasons Letter, dated 10/5/20	Staley v FSR0058
32. Four Seasons Letter, dated 12/3/20	Staley v FSR0059
33. Four Seasons Letter, dated 3/25/21	Staley v FSR0060
34. Four Seasons Letter, dated 6/25/21	Staley v FSR0061
35. Four Seasons November Monthly Communication	Staley v FSR0062 - 0064
36. COBRA Documents	Staley v FSR0065 - 0080
37. Four Seasons Letter, dated 3/19/20	Staley v FSR0081

38. Four Seasons Issues	Staley v FSR0082 - 0089
39. DOL Unemployment Letter to Rodriguez	Staley v FSR0090
40. Four Seasons Letter, dated 8/11/20	Staley v FSR0091
41. Email from Elizabeth Ortiz, dated 5/27/21	Staley v FSR0092 - 0093
42. Four Seasons November Monthly Communication	Staley v FSR0094 - 0095
43. Email from Alexandra Erbiti, dated 11/1/21	Staley v FSR0096 - 0097
44. Email from Elizabeth Ortiz, dated 9/18/20	Staley v FSR 0098 - 0099
45. Olive Rodriguez SMS, dated 5/24/2021	Staley v FSR0100
46. Four Seasons Letter, dated 3/25/21	Staley v FSR0101
47. Olive Rodriguez W-2 2019	Staley v FSR0102 - 0103
48. New York State Department of State Documents	Staley v FSR0104 - 0106
49. Four Seasons Hotel New York EmPact Handbook	Staley v FSR0107 - 0167
50. Selena Staley Paystubs	Staley v FSR0168 - 0202
51. Four Seasons Letter, dated 12/24/2020	Staley v FSR0203
52. Four Seasons Letter, dated 4/9/2020	Staley v FSR0204. - 0207
53. Four Seasons Letter, dated 4/30/2020	Staley v FSR0208
54. Four Seasons Letter Spring 2020	Staley v FSR0209 - 0210
55. Four Seasons Letter, dated 12/3/2020	Staley v FSR0211
56. Four Seasons Letter, dated 3/24/2020	Staley v FSR0212
57. Four Seasons Letter, dated 2/8/2020	Staley v FSR0213
58. Four Seasons Letter to Selena Staley, dated 8/5/2020	Staley v FSR0214
59. Four Seasons Letter, dated 10/5/2020	Staley v FSR0215

60. Four Seasons Letter, dated 6/22/2020	Staley v FSR0216
61. Four Seasons Letter, dated 6/25/2021	Staley v FSR0217
62. Four Seasons Letter, dated 3/25/2021	Staley v FSR0218
63. Four Seasons Letter, dated 5/22/2020	Staley v FSR0219
64. Four Seasons Letter, dated 12/24/2020	Staley v FSR0220
65. Four Seasons Letter, dated 9/17/2020	Staley v FSR0221
66. Selena Staley DOL Unemployment 9/8/2021	Staley v FSR0222
67. Selena Staley W2	Staley v FSR0223
68. Selena Staley Paystubs	Staley v FSR0224 - 0234
69. Selena Staley DOL Unemployment Documents	Staley v FSR0235 - 0236
70. Selena Staley W2's	Staley v FSR0237 – 0244
71. Olive Rodriguez W2	Staley v FSR0245 – 0246
72. Principal Connections Email, dated 5/12/22	Staley v FSR0247-0248
73. Elizabeth Ortiz Email, dated 7/18/22	Staley v FSR0249
74. New Hire Email from Alexandra Erbiti, dated 3/16/22	Staley v FSR0250
75. Email from Alexandra Erbiti, dated 3/17/21	Staley v FSR0251-FSR0253
76. Olive Rodriguez Paystub	Staley v FSR0254
77. 401K Email from Elizabeth Ortiz, dated 5/27/21	Staley v FSR0255-FSR0256
78. Email from Olive Ivey, dated 12/28/20	Staley v FSR0257-FSR0258
79. Email - Message in CHAT, dated 5/25/21	Staley v FSR0259
80. Continuation of Benefits Email, dated 7/21/20	Staley v FSR0260
81. TaskForce Housekeeping Email, dated 3/14/22	Staley v FSR0261

- C. A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered:
  - i. Damages for multiple WARN Act and NY WARN Act violations to be determined at trial
  - ii. Damages for No Fault Separation Pay to be determined by a jury
  - iii. Punitive Damages to be determined by a jury
  - iv. Attorneys' fees and costs to be determined.
- D. For inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse payments made to satisfy judgment:
  - i. Not known by the Plaintiffs.

Dated: December 26, 2022

**BRUSTEIN LAW PLLC**

/s/ Evan Brustein

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*Attorneys for Plaintiffs*

To:

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*Hotel 57 Services, LLC, Hotel 57, LLC Ty Warner Hotels & Resorts, LLC*  
*and H. Ty Warner*  
*(via Email)*

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jhunt@stokeswagner.com  
*Attorneys for Defendant*  
*FSR International Hotels Inc.*  
*(via Email)*

**From:** Elizabeth Ortiz <elizabeth.ortiz@fourseasons.com>  
**Sent:** Thursday, November 19, 2020 1:09 PM  
**To:** NYF All Staff DST <all.staff.nyf.dst@fourseasons.com>; NYF Covid Leadership DST <covid.leadership.nyf.dst@FSHR.onmicrosoft.com>  
**Subject:** Reminder - We Hear You! - Mini-Survey ends on Sunday, November 22 at midnight!

Good Afternoon Four Seasons Family!

I hope this email finds you and your families doing well! This is just a reminder that we have been running a mini-survey this week and it will conclude on **November 22, 2020**. For those of you who have already responded, we want to thank you for your feedback and for the time you took to respond. Your responses have already provided us with some clear insight into how proud you are to work for the Four Seasons and also what we can do to better support you. I am especially thankful for those of you who have taken the time to express your concerns and provide us with a snapshot of things we can do to make the Four Seasons experience better for everyone.

If you have not yet done so, please take a few moments and complete the mini-survey you will find in the link below. The process is quick and anonymous and will allow us the opportunity to respond to you just as quickly and take action where we can.

Thank you in advance for your feedback! We are listening and we do want to continue to be the BEST place to work!

<https://forms.office.com/Pages/ResponsePage.aspx?id=fRDAONGBn0GLcopJHcIgPHtvHmSKpOZCiQefBGAgC8VUMlczSDNGSTJDR1NVRIJZUE5SUUJZRU5FMy4u>

Warmest Regards,

Elizabeth Ortiz  
Director of People & Culture,  
Four Seasons Hotel New York  
57 East 57th Street, New York, NY 10022  
Voice: 212-350-6610  
Mobile: 347-899-5276  
[elizabeth.ortiz@fourseasons.com](mailto:elizabeth.ortiz@fourseasons.com)  
<https://fourseasons.com/newyork>

Need Anything? Click [HERE](#) to Chat with us.



[Download The Four Seasons App](#)

Our signature service in the palm of your hand.





August 5, 2020

Vivian Holmes  
42 Wildwood Ave.  
Mt. Vernon, NY 10550

Dear Vivian Holmes,

This is to inform you that due to unforeseen business circumstances and the continued major economic downturn stemming from the COVID-19 virus pandemic and consequent travel and tourism disruptions outside the employer's control the Four Seasons Hotel New York will continue your temporary layoff which began on 7/14/2020 for an as yet undetermined number of months. The layoffs included approximately 464 employees, including yourself and are still expected to be temporary.

You are also hereby notified that, as a result of your employment loss, you may be eligible to receive job retraining, re-employment services, or other assistance with obtaining new employment from the New York State Department of Labor or its workforce partners upon your termination. You may also be eligible for unemployment insurance benefits after your last day of employment. Whenever possible, the New York State Department of Labor will contact your employer to arrange to provide additional information regarding these benefits and services to you through workshops, interviews, and other activities that will be scheduled prior to the time your employment ends. If your job has already ended, you can also access reemployment information and apply for unemployment insurance benefits on the Department's website or you may use the contact information provided on the website or visit one of the Department's local offices for further information and assistance.

This notice is supplied to you pursuant to the WARN Act as well and has been supplied to the appropriate governmental agencies.

If you have any questions concerning anything contained in this letter, please contact me at 212-350-6604.

Sincerely,

A handwritten signature in black ink that appears to read "Rudolf Tauscher".

Rudolf Tauscher  
General Manager



## CONGRATULATIONS!

You've earned enough points to start redeeming!

**1,000 points** is enough to redeem a reward. Check the Rewards Summary below to view your points.

[carecredit.com/mastercard](http://carecredit.com/mastercard)

### Choose Your Reward



Rewards See Your Rewards Account Details at [carecredit.com/carecredit/rewards](http://carecredit.com/carecredit/rewards)

### CARECREDIT REWARDS MASTERCARD

CareCredit® Rewards®  
MasterCard®

VIVIAN E HOLMIS  
Account Number: **xxxx xxxx 2486**  
Statement Closing Date: 07/16/2022

RECENT PURCHASES AND PAYMENTS		RECENT CREDIT ACTIVITY							
Previous Balance	\$0.00	New Balance	\$1,000.00						
+ New Purchases	\$1,000.00	Total Minimum Payment Due	\$33.00						
+ Cash Advance	\$0.00	Payment Due Date	08/06/2022						
- Payments	\$0.00	<b>PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.</b> We may convert your payment into an electronic debit. See reverse side.							
+/- Credits, Fees & Adjustments (net)	\$0.00	<b>Late Payment Warning:</b> If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$41.00.							
+/- Interest Charge (net)	\$0.00	<b>Minimum Payment Warning:</b> Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:							
New Balance	\$1,000.00	<table border="1"> <tr> <td>Only the minimum payment</td> <td>5 years</td> <td>\$1,934.00</td> </tr> <tr> <td>\$42.00</td> <td>3 years</td> <td>\$1,604.00 (Savings = \$430.00)</td> </tr> </table>		Only the minimum payment	5 years	\$1,934.00	\$42.00	3 years	\$1,604.00 (Savings = \$430.00)
Only the minimum payment	5 years	\$1,934.00							
\$42.00	3 years	\$1,604.00 (Savings = \$430.00)							
Credit Limit	\$7,200.00	If you make only the minimum payment each month you will take 5 years to repay your balance.							
Available Credit	\$6,200.00	<table border="1"> <tr> <td>Only the minimum payment</td> <td>5 years</td> <td>\$1,934.00</td> </tr> <tr> <td>\$42.00</td> <td>3 years</td> <td>\$1,604.00 (Savings = \$430.00)</td> </tr> </table>		Only the minimum payment	5 years	\$1,934.00	\$42.00	3 years	\$1,604.00 (Savings = \$430.00)
Only the minimum payment	5 years	\$1,934.00							
\$42.00	3 years	\$1,604.00 (Savings = \$430.00)							
Cash Limit	\$1,440.00	If you would like information about credit counseling services, call 1-877-302-8797.							
Available Cash	\$1,440.00								
Days In Billing Period	31								
Pay online for free at: <a href="http://myynchrony.com">myynchrony.com</a>									
For Synchrony Bank customer service or to report your card lost or stolen, call (1-800-748-1585).									
Best times to call are Wednesday - Friday.									
New York residents may contact the New York State Department of Financial Services by telephone or visit its website for free information on competitive credit card rates, fees and grace periods.									
NY State Dept of Financial Services 1-800-342-3738 <a href="http://www.dfs.ny.gov">http://www.dfs.ny.gov</a>									

New Balance	\$1,000.00						
Total Minimum Payment Due	\$33.00						
Payment Due Date	08/06/2022						
<b>PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.</b> We may convert your payment into an electronic debit. See reverse side.							
<b>Late Payment Warning:</b> If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$41.00.							
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Only the minimum payment	5 years	\$1,934.00					
\$42.00	3 years	\$1,604.00 (Savings = \$430.00)					
If you would like information about credit counseling services, call 1-877-302-8797.							

**YOU MUST PAY EACH PROMOTIONAL BALANCE IN FULL BY ITS EXPIRATION DATE TO AVOID PAYING DEFERRED INTEREST CHARGES. PLEASE SEE THE PROMOTIONAL PURCHASE SUMMARY SECTION ON THIS STATEMENT FOR FURTHER DETAILS. YOU HAVE A PROMOTION(S) EXPIRING ON 01/18/23.**

\* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.

3303 DATE 1 7 13 220715 STATE 1 of 3 1366 0000 CDC4 01088303

Pay online at [myynchrony.com](http://myynchrony.com) or enclose this coupon with your check. Please use blue or black ink.



PROMOTIONAL PURCHASE	EXPIRATION DATE	STATEMENT NUMBER	ACCOUNT NUMBER
\$33.00	08/06/2022	\$1,000.00	xxxx xxxx xxxx 2486

Payment Enclosed : \$

New address or e-mail? If you only pay the Total Minimum Due it may not pay off the Promotional Purchase by the Expiration Date.  
Check the box at left and print changes on back

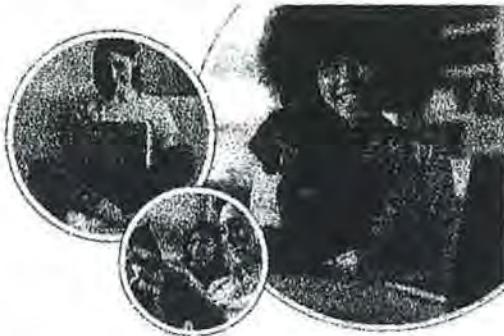
VIVIAN E HOLMIS  
42 WILLOWOOD AVE  
MOUNT VERNON NY 10550-4936

Make Payment to: SYNCHRONY BANK  
PO BOX 680081  
ORLANDO, FL 32866-0081

Cut the clutter.

Enroll in eBill to receive your monthly statement via email.

Log in to your account to enroll:  
[carecredit.com/mastercard](http://carecredit.com/mastercard)



CareCredit Rewards Mastercard is issued by Synchrony Bank pursuant to a license by Mastercard International Incorporated. MasterCard and the circles design are registered trademarks of Mastercard International Incorporated.

Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
01/16/2023	\$1,000.00	\$29.18	08/15/2022	Deferred Interest/No Interest If Paid In Full	\$1,000.00

A summary of your promotional purchase is provided above.  
If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on those promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration date. On a Fixed Payment (Extended Payment Plan) promotional purchase, the Interest Charge is billed monthly and included as part of the Minimum Payment due.

To make more than one payment see Make Payment To address or pay online at [mysynchrony.com](http://mysynchrony.com)

Tran Date	Post Date	Reference Number	Description	Amount
08/15/2022	08/16/2022	6634812HPLMDKVBH	WILM F ANTONIO DOS EASTCHESTER NY	\$1,000.00
			DEFERRED INTEREST/NO INTEREST IF PAID IN FULL	
			FEES	
			TOTAL FEES FOR THIS PERIOD	\$0.00
			INTEREST CHARGED	
07/16/2022	07/15/2022		INTEREST CHARGE ON PURCHASES	\$0.00
07/15/2022	07/15/2022		INTEREST CHARGE ON CASH ADVANCES	\$0.00
			TOTAL INTEREST FOR THIS PERIOD	\$0.00
			Total Fees Charged in 2022	\$0.00
			Total Interest Charged In 2022	\$0.00
			Total Interest Paid in 2022	\$0.00

Rewards Summary		Rewards Details	
Previous Balance	1,630		
Earned this Period	2,000		
Total Points Available	3,630		

You have earned 2,000 points this period.  
Visit [carecredit.com/mastercard](http://carecredit.com/mastercard) or call 866-748-1685 for information about the CareCredit Rewards Mastercard and to manage your rewards.

Interest Rate & Calculation				
Type of Balance	Expiration Date	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	NA	26.99%	\$0.00	\$0.00
Cash Advances	NA	26.99%	\$0.00	\$0.00
Deferred Interest/No Interest If Paid In Full	01/16/2023	26.99%	\$1,011.17	\$0.00

Promotional Financing Plans				
<small>This notice is to let you know about some promotional financing plans that may be available for you when you use your card for future purchases. This is only a summary of key terms. At times, we may offer you other promotional financing plans for certain purchases. Details of available promotions will be provided to you at the time of your transaction. Not all plans or all plan periods will be available at every retailer. For purposes of this notification, your Purchase Annual Percentage Rate ("APR") is 26.99%. See the Interest Charge Calculation section of this billing statement to determine if this APR is variable. If a (v) is shown next to your APR, this APR will vary with the market based on the prime rate. Subject to credit approval. Regular account terms apply to non-promotional purchases and, after promotion ends, to promotional purchase.</small>				

Continued on next page

No Promotional Financing Plans (Continued)

No Interest is Paid Within Promotional Period

(These can be advertised as Delayed interest promotions)

Under this promotion, no interest charges will be assessed if the promotional purchase balance is paid in full within the promotional period. If the promotional purchase balance is not paid in full by the end of the promotional period, interest will be imposed from the date of purchase at the Purchase APR stated above. Minimum or fixed monthly payments are required. This promotion may be offered for periods of 6, 12, 18, or 24 months.

Please keep this for your records. If you have any questions, please call us at the Customer Service number shown on your statement.

Did you know your Mastercard offers Mastercard ID Theft Protection. For more information about this benefit or to view the current benefits offered by Mastercard, please visit: [www.mastercard.com/carecredit-GTB](http://www.mastercard.com/carecredit-GTB).

If you need assistance with an accommodation for your statements and/or account letters, please call 800-292-7808.

If you need to contact Synchrony about the loss of a Synchrony cardholder, you can submit a deceased notification form located at [www.sfy.com](http://www.sfy.com) under the 'Contact Us' page.

Synchrony Bank may continue to obtain information, including employment and income information from others about you (including requesting reports from consumer reporting agencies and other sources) to review, maintain or collect your account.

In order to protect your account privacy, we are unable to provide account information to anyone other than the cardholder(s) or an authorized party. If you wish to permit us to speak to an authorized party such as a spouse about your account, please send written authorization to the General Inquiries address.

CareCredit NetworkSee [carecredit.com/mastercard](http://carecredit.com/mastercard) for enrolled Provider and select retail locations.

Customer Service Options

Looking for a different due date? Call customer service at the phone number on your statement to determine if eligible and discuss available options.

CONFIDENTIAL

**CareCredit® Rewards™****CONGRATULATIONS!**

You've earned enough points to start redeeming!

**1,000 points** is enough to redeem a reward. Check the Rewards Summary below to view your points.

[carecredit.com/mastercard](http://carecredit.com/mastercard)

**Choose Your Reward**

Rewards are based on Rewards Program terms of service. Visit rewards.carecredit.com for details.

**CARECREDIT REWARDS MASTERCARD**

**CareCredit® Rewards™  
MasterCard®**

VIVIAN E HOLMIS  
Account Number: [REDACTED]  
Statement Closing Date: 07/15/2022

SUMMARY OF ACCOUNT ACTIVITY		INFORMATION							
Previous Balance	\$0.00	New Balance	\$1,000.00						
+ New Purchases	\$1,000.00	Total Minimum Payment Due	\$33.00						
+ Cash Advance	\$0.00	Payment Due Date	08/08/2022						
- Payments	\$0.00	<b>PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.</b> We may convert your payment into an electronic debit. See reverse side.							
+/- Credits, Fees & Adjustments (net)	\$0.00	<b>Late Payment Warning:</b> If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$41.00.							
+/- Interest Charge (net)	\$0.00	<b>Minimum Payment Warning:</b> Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:							
New Balance	\$1,000.00	<table border="1"> <tr> <td>Only the minimum payment</td> <td>6 years</td> <td>\$1,934.00</td> </tr> <tr> <td>\$42.00</td> <td>3 years</td> <td>\$1,504.00 (Savings = \$430.00)</td> </tr> </table>		Only the minimum payment	6 years	\$1,934.00	\$42.00	3 years	\$1,504.00 (Savings = \$430.00)
Only the minimum payment	6 years	\$1,934.00							
\$42.00	3 years	\$1,504.00 (Savings = \$430.00)							
Credit Limit	\$7,200.00	If you would like information about credit counseling services, call 1-877-302-8707.							
Available Credit	\$6,200.00								
Cash Limit	\$1,440.00								
Available Cash	\$1,440.00								
Days In Billing Period									
Pay online for free at: <a href="http://myynchrony.com">myynchrony.com</a> For Synchrony Bank customer service or to report your card lost or stolen, call (1-800-748-1585). <b>Best times to call are Wednesday - Friday.</b> New York residents may contact the New York State Department of Financial Services by telephone or visit its website for free information on competitive credit card rates, fees and grace periods. NY State Dept of Financial Services 1-800-342-3736 <a href="http://www.dfs.ny.gov">http://www.dfs.ny.gov</a>									

PROMOTIONAL PURCHASE INFORMATION		
<b>YOU MUST PAY EACH PROMOTIONAL BALANCE IN FULL BY ITS EXPIRATION DATE TO AVOID PAYING DEFERRED INTEREST CHARGES. PLEASE SEE THE PROMOTIONAL PURCHASE SUMMARY SECTION ON THIS STATEMENT FOR FURTHER DETAILS. YOU HAVE A PROMOTION(S) EXPIRING ON 01/16/23.</b>		

\* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.

8302 038 1 7 13 320715 PAGE 1 OF 3 1266 0900 0004 01063302

Pay online at [myynchrony.com](http://myynchrony.com) or enclose this coupon with your check. Please use blue or black ink.

**CareCredit®  
Rewards™**

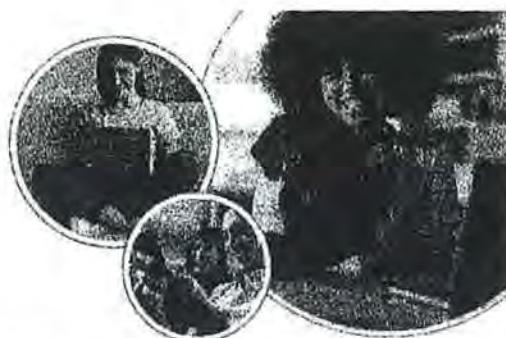
AMOUNT	EXPIRATION DATE	AMOUNT	EXPIRATION DATE
\$89.00	08/08/2022	\$1,000.00	[REDACTED]

Payment Enclosed: \$

New address or e-mail? If you only pay the Total Minimum Due it may not pay off the Promotional Purchase by the Expiration Date. Check the box at left and print changes on back.

VIVIAN E HOLMIS  
42 WILDWOOD AVE  
MOUNT VERNON NY 10550-4936

Makro Payment to: SYNCHRONY BANK  
PO BOX 980061  
ORLANDO, FL 32896-0061



## Cut the clutter.

Enroll in eBill to receive your monthly statement via email.

Log in to your account to enroll:  
[carecredit.com/mastercard](http://carecredit.com/mastercard)

CareCredit Rewards Mastercard is issued by Synchrony Bank pursuant to a license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
01/16/2023	\$1,000.00	\$22.16	08/16/2022	Deferred Interest/No Interest If Paid In Full	\$1,000.00

A summary of your promotional purchase is provided above.  
If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion, To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date. On a Fixed Payment (Extended Payment Plan) promotional purchase, the Interest Charge is billed monthly and included as part of the Minimum Payment due.

To make more than one payment, see Make Payment To address or pay online at [mysynchrony.com](http://mysynchrony.com).

Tran Date	Post Date	Reference Number	Description	Amount
08/16/2022	08/16/2022	[REDACTED]	WILM FANTANO LOS EASTCHESTER NY	\$1,000.00
			DEFERRED INTEREST/NO INTEREST IF PAID IN FULL	
			FEES	
			TOTAL FEES FOR THIS PERIOD	\$0.00
			INTEREST CHARGED	
			INTEREST CHARGE ON PURCHASES	\$0.00
			INTEREST CHARGE ON CASH ADVANCES	\$0.00
			TOTAL INTEREST FOR THIS PERIOD	\$0.00
			Total Fees Charged in 2022	\$0.00
			Total Interest Charged in 2022	\$0.00
			Total Interest Paid in 2022	\$0.00

Period	Previous Balance	Earned this Period	Total Points Available	Cardholder Name
	1,830	2,000	3,630	You have earned 2,000 points this period. Visit <a href="http://carecredit.com/mastercard">carecredit.com/mastercard</a> or call 868-748-1585 for information about the CareCredit Rewards Mastercard and to manage your rewards.

Type of Balance	Expiration Date	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	NA	26.99%	\$0.00	\$0.00
Cash Advances	NA	26.99%	\$0.00	\$0.00
Deferred interest/No Interest If Paid In Full	01/16/2023	26.99%	\$1,011.17	\$0.00

Promotional Financing Options				
This notice is to let you know about some promotional financing plans that may be available for you when you use your card for future purchases. This is only a summary of key terms. At times, we may offer you other promotional financing plans for certain purchases. Details of available promotions will be provided to you at the time of your transactions. Not all plans or all plan periods will be available at every retailer. For purposes of this notification, your Purchase Annual Percentage Rate ("APR") is 26.99%. See the Interest Charge Calculation section of this billing statement to determine if this APR is variable. If a (v) is shown next to your APR, this APR will vary with the market based on the prime rate. Subject to credit approval. Regular account terms apply to non-promotional purchases and, after promotion ends, to promotional purchases.				

Continued on next page

No Interest If Paid Within Promotional Period (These can be advertised as Deferred Interest promotions) Under this promotion, no interest charges will be assessed if the promotional purchase balance is paid in full within the promotional period. If the promotional purchase balance is not paid in full by the end of the promotional period, interest will be imposed from the date of purchase at the Purchase APR stated above. Minimum or fixed monthly payments are required. This promotion may be offered for periods of 6, 12, 18, or 24 months.  Please keep this for your records! If you have any questions, please call us at the Customer Service number shown on your statement.
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Did you know your Mastercard offers Mastercard ID Theft Protection. For more information about this benefit or to view the current benefits offered by Mastercard, please visit: <a href="http://www.mastercard.com/core-credit-GTB">www.mastercard.com/core-credit-GTB</a> .  If you need assistance with an accommodation for your statements and/or account letters, please call 800-292-7508.  If you need to contact Synchrony about the loss of a Synchrony cardholder, you can submit a deceased notification form located at <a href="http://www.syt.com">www.syt.com</a> under the "Contact Us" page.  Synchrony Bank may continue to obtain information, including employment and income information from others about you (including requesting reports from consumer reporting agencies and other sources) to review, maintain or collect your account.  In order to protect your account privacy, we are unable to provide account information to anyone other than the cardholder(s) or an authorized party. If you wish to permit us to speak to an authorized party such as a spouse about your account, please send written authorization to the General Inquiries address.  CareCredit Network: See <a href="http://carecredit.com/mastercard">carecredit.com/mastercard</a> for enrolled Provider and select retail locations.
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Looking for a different due date? Call customer service at the phone number on your statement to determine if eligible and discuss available options.
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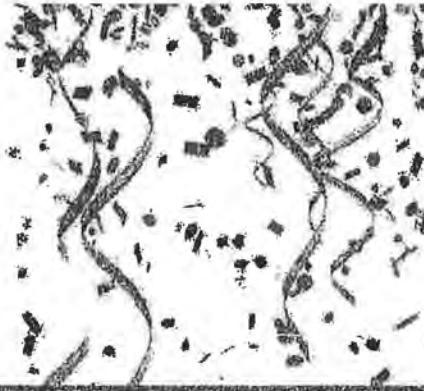
CONFIDENTIAL



**CONGRATULATIONS**  
on redeeming points for  
a statement credit!

Your statement credit is reflected below.

carecredit.com/mastercard



## CARECREDIT REWARDS MASTERCARD

CareCredit® Rewards®  
MasterCard®VIVIAN E HOLMIS  
Account Number: xxxx xxxx xxxx 2495  
Statement Closing Date: 12/16/2021

Previous Balance	\$4,965.00	New Balance	\$4,705.00						
+ New Purchases	\$0.00	Total Minimum Payment Due	\$168.00						
+ Cash Advance	\$0.00	Payment Due Date	01/08/2022						
- Payments	\$200.00	Promotion(s) expiring shortly - see promotional boxes below for details							
+/- Credits, Fees & Adjustments (net)	(\$200.00)	PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE. We may convert your payment into an electronic debit. See reverse side.							
+/- Interest Charge (net)	\$0.00	Late Payment Warning: If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$40.00.							
<b>New Balance</b>	<b>\$4,705.00</b>	Minimum Payment Warning: Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:							
Credit Limit	\$7,200.00	<table border="1"> <tr> <td>Only the minimum payment</td> <td>20 years</td> <td>\$18,640.00</td> </tr> <tr> <td>\$250.00</td> <td>3 years</td> <td>\$5,085.00 (\$3,554.00)</td> </tr> </table>		Only the minimum payment	20 years	\$18,640.00	\$250.00	3 years	\$5,085.00 (\$3,554.00)
Only the minimum payment	20 years	\$18,640.00							
\$250.00	3 years	\$5,085.00 (\$3,554.00)							
Available Credit	\$2,495.00	If you would like information about credit counseling services, call 1-877-302-6797.							
Cash Limit	\$1,440.00								
Available Cash	\$1,440.00								
Days In Billing Period	31								
Pay online for free at: <a href="http://mysynchrony.com">mysynchrony.com</a> For Synchrony Bank customer service or to report your card lost or stolen, call 1-800-748-1885. <b>Best times to call are Wednesday - Friday.</b>									
<small>New York residents may contact the New York State Department of Financial Services by telephone or visit its website for free information on competitive credit conditions, fees and grace periods.</small> <small>NY State Dept of Financial Services: 1-800-342-3736 <a href="http://www.dfs.ny.gov">http://www.dfs.ny.gov</a></small>									

PROMOTIONAL PAYMENT INFORMATION		
<b>YOU MUST PAY EACH PROMOTIONAL BALANCE IN FULL BY ITS EXPIRATION DATE TO AVOID PAYING DEFERRED INTEREST CHARGES. PLEASE SEE THE PROMOTIONAL PURCHASE SUMMARY SECTION ON THIS STATEMENT FOR FURTHER DETAILS. YOU HAVE A PROMOTION(S) EXPIRING ON 01/16/22, 04/16/22 AND 05/16/22.</b>		

\* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.

5382 DJR 1 7 13 212216 PAGE 1 OF 3 1365 0009 C0CK 01005302

Pay online at [mysynchrony.com](http://mysynchrony.com) or enclose this coupon with your check. Please use blue or black ink.

Account Number: xxxx xxxx xxxx 2495

<b>CareCredit® Rewards®</b>			
	\$168.00	01/08/2022	Promotion(s) expiring shortly see above \$4,705.00

Payment Enclosed: \$       

New address or e-mail?  
 Check the box at left and print changes on back

NOTE: You have a Promotional Purchase Expiring. See Promotional Purchase Summary For Details.  
 If you only pay the Total Minimum Due it may not pay off the Promotional Purchase by the Expiration Date.

VIVIAN E HOLMIS  
42 WILDWOOD AVE  
MOUNT VERNON NY 10550-4936

Make Payment to: SYNCHRONY BANK  
PO BOX 860081  
ORLANDO, FL 32886-0081

Promotional Purchases Summary					
Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
01/16/2022	\$2,696.00	\$1,063.81	01/14/2021	Deferred Interest/No Interest If Paid In Full	\$4,260.00
04/16/2022	\$1,000.00	\$213.88	03/30/2021	Deferred Interest/No Interest If Paid In Full	\$1,000.00
05/16/2022	\$1,110.00	\$132.91	04/14/2021	Deferred Interest/No Interest If Paid In Full	\$1,110.00

A summary of your promotional purchase is provided above.  
If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date. On a Fixed Payment (Extended Payment Plan) promotional purchase, the Interest Charge is billed monthly and included as part of the Minimum Payment due.

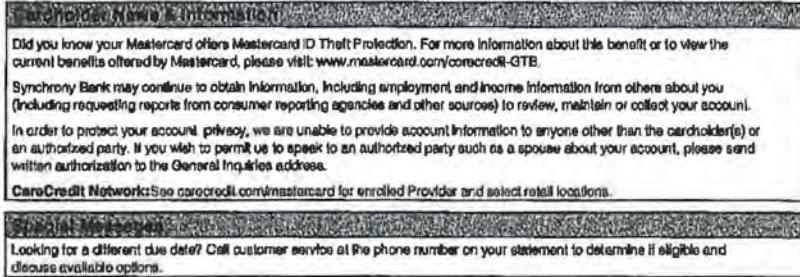
To make more than one payment see Make Payment To address or pay online at mysyncrhony.com.

Gross Fee Summary			
Tran Date	Post Date	Reference Number	Description
12/01/2021	12/01/2021	6534812AF015TLBON	PAYMENT - THANK YOU (\$200.00)
12/16/2021	12/16/2021		REWARDS STATEMENT CREDIT (\$50.00)
			FEE
			<b>TOTAL FEES FOR THIS PERIOD \$0.00</b>
			<b>INTEREST CHARGED</b>
			INTEREST CHARGE ON PURCHASES \$0.00
			INTEREST CHARGE ON CASH ADVANCES \$0.00
			<b>TOTAL INTEREST FOR THIS PERIOD \$0.00</b>
			Total Fees Charged In 2021 \$0.00
			Total Interest Charged In 2021 \$0.00
			Total Interest Paid In 2021 \$0.00

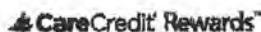
Rewards Summary	
Previous Balance	0.00
Earned this Period	0
Points Redeemed	5,000
Total Points Available	1,830
Visit carecredit.com/mastercard or call 866-748-1586 for information about the CareCredit Rewards Mastercard and to manage your rewards.	

Type of Transaction	Expiration Date	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	NA	26.99%	\$0.00	\$0.00
Cash Advances	NA	26.99%	\$0.00	\$0.00
Deferred Interest/Interest If Paid In Full	01/16/2022	26.99%	\$3,761.48	\$0.00
Deferred Interest/No Interest If Paid In Full	04/16/2022	26.99%	\$1,109.44	\$0.00
Deferred Interest/No Interest If Paid In Full	05/16/2022	26.99%	\$1,229.32	\$0.00

Promotional Financing Plans					
This notice is to let you know about some promotional financing plans that may be available for you when you use your card for future purchases. This is only a summary of key terms. At times, we may offer you other promotional financing plans for certain purchases. Details of available promotions will be provided to you at the time of your transactions. Not all plans or all plan periods will be available at every retailer. For purposes of this notification, your <b>Purchase Annual Percentage Rate ("APR") is 26.99%</b> . See the Interest Charge Calculation section of this billing statement to determine if this APR is variable. If a (v) is shown next to your APR, this APR will vary with the market based on the prime rate. Subject to credit approval. Regular account terms apply to non-promotional purchases and, after promotion ends, to promotional purchase.					
<b>No Interest If Paid Within Promotional Period</b> (These can be advertised as Deferred interest promotions)					
Under this promotion, no interest charges will be assessed if the promotional purchase balance is paid in full within the promotional period. If the promotional purchase balance is not paid in full by the end of the promotional period, interest will be imposed from the date of purchase at the <b>Purchase APR</b> listed above. Minimum or fixed monthly payments are required. This promotion may be offered for periods of 6, 12, 18, or 24 months.					
Please keep this for your records. If you have any questions, please call us at the Customer Service number shown on your statement.					



CONFIDENTIAL



Choose Your Reward

**CONGRATULATIONS!**You've earned enough  
points to start redeeming!1,000 points is enough to redeem a  
reward. Check the Rewards Summary  
below to view your points.[carecredit.com/mastercard](http://carecredit.com/mastercard)Rewards. See your Reward(s) Program terms & conditions at [carecredit.com/mastercard](http://carecredit.com/mastercard) for details.**CARECREDIT REWARDS MASTERCARD****CareCredit® Rewards®  
MasterCard®**

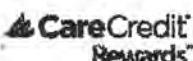
<b>Previous Balance</b>	\$4,705.00	<b>New Balance</b>	\$2,105.00						
+ New Purchases	\$0.00	Total Minimum Payment Due	\$0.00						
+ Cash Advance	\$0.00	Payment Due Date	02/08/2022						
- Payments	\$2,800.00	<b>PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.</b> We may convert your payment into electronic debit. See reverse side.							
+/- Credits, Fees & Adjustments (net)	\$0.00	<b>Late Payment Warning:</b> If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$40.00.							
+/- Interest Charge (net)	\$0.00	<b>Minimum Payment Warning:</b> Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:							
<b>New Balance</b>	<b>\$2,105.00</b>	<table border="1"> <tr> <td>Only you make the minimum payment due.</td> <td>13 years</td> <td>\$6,815.00</td> </tr> <tr> <td>\$102.00</td> <td>3 years</td> <td>\$3,688.00 (Savings = \$3,129.00)</td> </tr> </table>		Only you make the minimum payment due.	13 years	\$6,815.00	\$102.00	3 years	\$3,688.00 (Savings = \$3,129.00)
Only you make the minimum payment due.	13 years	\$6,815.00							
\$102.00	3 years	\$3,688.00 (Savings = \$3,129.00)							
Credit Limit	\$7,200.00	If you make the minimum payment due each month, it will take 13 years to repay your balance. Higher credit limits extend the time it takes to repay your balance.							
Available Credit	\$5,096.00	<table border="1"> <tr> <td>Only the minimum payment</td> <td>13 years</td> <td>\$6,815.00</td> </tr> <tr> <td>\$102.00</td> <td>3 years</td> <td>\$3,688.00 (Savings = \$3,129.00)</td> </tr> </table>		Only the minimum payment	13 years	\$6,815.00	\$102.00	3 years	\$3,688.00 (Savings = \$3,129.00)
Only the minimum payment	13 years	\$6,815.00							
\$102.00	3 years	\$3,688.00 (Savings = \$3,129.00)							
Cash Limit	\$1,440.00	If you would like information about credit counseling services, call 1-877-302-8797.							
Available Cash	\$1,440.00								
Days In Billing Period	31								

**Promotional Expiration Information**

YOU MUST PAY EACH PROMOTIONAL BALANCE IN FULL BY ITS EXPIRATION DATE TO AVOID PAYING DEFERRED INTEREST CHARGES. PLEASE SEE THE PROMOTIONAL PURCHASE SUMMARY SECTION ON THIS STATEMENT FOR FURTHER DETAILS. YOU HAVE A PROMOTION(S) EXPIRING ON 04/15/22 AND 05/16/22.

\* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.

5302 028 1 7 13 220116 PAGE 1 of 3 1366 0000 CDC4 012053#2

Pay online at [repaymybill.com](http://www.repaymybill.com) or enclose this coupon with your check. Please use blue or black ink.

\$0.00	02/08/2022	\$2,105.00	XXXX XXXX XXXX 2495
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Payment Enclosed: \$      

New address or e-mail? If you only pay the Total Minimum Due it may not pay off the Promotional Purchase by the Expiration Date.  
Check the box at left and print changes on back

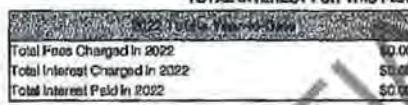
VIVIAN E HOLMS  
42 WILLOWOOD AVE  
MOUNT VERNON NY 10550-4936

Makes Payment to: SYNCHRONY BANK  
PO BOX 980061  
ORLANDO, FL 32895-0061

Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
04/16/2022	\$996.00	\$241.78	03/30/2021	Deferred Interest/No Interest If Paid In Full	\$1,000.00
05/16/2022	\$1,110.00	\$161.72	04/14/2021	Deferred Interest/No Interest If Paid In Full	\$1,110.00

A summary of your promotional purchase is provided above.  
If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date. On a Fixed Payment (Extended Payment Plan) promotional purchase, the Interest Charge is billed monthly and included as part of the Minimum Payment due.

To make more than one payment see Make Payment To address or pay online at [my.synchrony.com](http://my.synchrony.com).

Tran Date	Post Date	Reference Number	Description	Amount
01/07/2022	01/07/2022	6634812QTO105V2GW	PAYMENT - THANK YOU	(\$2,900.00)
			FEES	
			TOTAL FEES FOR THIS PERIOD	\$0.00
			INTEREST CHARGED	
01/16/2022	01/16/2022		INTEREST CHARGE ON PURCHASES	\$0.00
01/16/2022	01/16/2022		INTEREST CHARGE ON CASH ADVANCES	\$0.00
			TOTAL INTEREST FOR THIS PERIOD	\$0.00
				
Total Fees Charged In 2022: \$0.00 Total Interest Charged In 2022: \$0.00 Total Interest Paid In 2022: \$0.00				

Previous Balance	1,830	Statement Balance	1,830
Earned this Period	0	Statement Date	01/31/2022
Total Points Available	1,830	Due Date	02/28/2022

Visit [carecredit.com/mastercard](http://carecredit.com/mastercard) or call 866-748-1565 for information about the CareCredit Rewards MasterCard and to manage your rewards.

Type of Balance	Expiration Date	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	NA	26.99%	\$0.00	\$0.00
Cash Advances	NA	26.99%	\$0.00	\$0.00
Deferred Interest/No Interest If Paid In Full	04/16/2022	26.99%	\$1,226.81	\$0.00
Deferred Interest/No Interest If Paid In Full	05/16/2022	26.99%	\$1,256.79	\$0.00

MasterCard® Promotional Financing Plans	
This notice is to let you know about some promotional financing plans that may be available for you when you use your card for future purchases. This is only a summary of key terms. At times, we may offer you other promotional financing plans for certain purchases. Details of available promotions will be provided to you at the time of your transactions. Not all plans or all plan periods will be available at every retailer. For purposes of this notification, your <b>Purchase Annual Percentage Rate ("APR") is 26.99%.</b> See the Interest Charge Calculation section of this billing statement to determine if this APR is variable. If a (v) is shown next to your APR, this APR will vary with the market based on the prime rate. Subject to credit approval. Regular account terms apply to non-promotional purchases and, after promotion ends, to promotional purchases.	
<b>No Interest If Paid Within Promotional Period</b> (These can be advertised as Deferred Interest promotions) Under this promotion, no interest charges will be assessed if the promotional purchase balance is paid in full within the promotional period. If the promotional purchase balance is not paid in full by the end of the promotional period, interest will be imposed from the date of purchase at the <b>Purchase APR</b> stated above. Minimum or fixed monthly payments are required. This promotion may be offered for periods of 6, 12, 18, or 24 months.	
Please keep this for your records. If you have any questions, please call us at the Customer Service number shown on your statement.	

MasterCard® ID Theft Protection	
Did you know your MasterCard offers MasterCard® ID Theft Protection. For more information about this benefit or to view the current benefits offered by MasterCard, please visit: <a href="http://www.mastercard.com/carecredit-IDTB">www.mastercard.com/carecredit-IDTB</a> .	
SynchroNY Bank may continue to obtain information, including employment and income information from others about you (including requesting reports from consumer reporting agencies and other sources) to review, maintain or collect your account. In order to protect your account privacy, we are unable to provide account information to anyone other than the cardholder(s) or an authorized party. If you wish to permit us to speak to an authorized party such as a spouse about your account, please send written authorization to the General Inquiries address.	
CareCredit Network: See <a href="http://carecredit.com/mastercard">carecredit.com/mastercard</a> for enrolled Provider and select retail locations.	

Looking for a different due date? Call customer service at the phone number on your statement to determine if eligible and discuss available options.

CONFIDENTIAL



## Direct Deposit

\*\* Note for Human Resources \*\*  
Submit this form in the Workday Folder labeled Direct Deposit for New Hires. If this is a change to an existing employee please send via email to your payroll team.

### Benefits to You

- **Convenient** – Your money is deposited automatically for you, even when you are on leave, vacation or too busy to get to the bank. Your check is deposited electronically into your bank account
- **Fast** – You have immediate access to your money the day of deposit
- **Safe** – Never worry about checks getting lost, delayed or stolen.

### 3 Easy Steps to Set up Direct Deposit

#### Step 1. Gather Account Information

You must provide your information about the account where the money will be deposited.

Use information found on your checks

<b>SAMPLE CHECK</b>		0101
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
DOLLARS _____		
A15402		
1234567890	01234567890	0101
Routing Number	Account Number	Check Number

Note: You can also find your Account Number on your statement or on the account documents provided at account opening.

New Hire

Change

Cancel

#### Step 2 List all accounts and amounts to each account

You may have your paycheck split into a maximum of 3 accounts. Two will be a fixed \$, the other will be the remainder

- **1 - Primary Account** - All money not deposited into Additional Accounts listed below will go into this account

Circle One:      Checking      Savings

Name of your Bank \_\_\_\_\_

Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

- **2 - Additional Account** – choose a fixed \$

Amount to be deposited \$ \_\_\_\_\_

Circle One:      Checking      Savings

Name of your Bank \_\_\_\_\_

Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

- **3- Additional Account** – choose a fixed \$

Amount to be deposited \$ \_\_\_\_\_

Circle One:      Checking      Savings

Name of your Bank \_\_\_\_\_

Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

**Step 3 Turn in this form to Human Resources & Monitor your pay slip and bank account**

After this form is submitted to payroll it will take 2 pay cycles to become active.

**Employee Signature** \_\_\_\_\_

I hereby authorize Four Seasons, to initiate credit and debit entries to my (our) account indicated above and the depository names above. I understand that this authority is to remain in effect until I provide written notification of its termination in such time and manner as to afford the Four Seasons and Depository a reasonable opportunity to act on it.



August 5, 2020

Vivian Holmes  
42 Wildwood Ave.  
Mt. Vernon, NY 10550

Dear Vivian Holmes,

This is to inform you that due to unforeseen business circumstances and the continued major economic downturn stemming from the COVID-19 virus pandemic and consequent travel and tourism disruptions outside the employer's control the Four Seasons Hotel New York will continue your temporary layoff which began on 7/14/2020 for an as yet undetermined number of months. The layoffs included approximately 464 employees, including yourself and are still expected to be temporary.

You are also hereby notified that, as a result of your employment loss, you may be eligible to receive job retraining, re-employment services, or other assistance with obtaining new employment from the New York State Department of Labor or its workforce partners upon your termination. You may also be eligible for unemployment insurance benefits after your last day of employment. Whenever possible, the New York State Department of Labor will contact your employer to arrange to provide additional information regarding these benefits and services to you through workshops, interviews, and other activities that will be scheduled prior to the time your employment ends. If your job has already ended, you can also access reemployment information and apply for unemployment insurance benefits on the Department's website or you may use the contact information provided on the website or visit one of the Department's local offices for further information and assistance.

This notice is supplied to you pursuant to the WARN Act as well and has been supplied to the appropriate governmental agencies.

If you have any questions concerning anything contained in this letter, please contact me at 212-350-6604.

Sincerely,

A handwritten signature in black ink that reads "Rudolf Tauscher".

Rudolf Tauscher  
General Manager



## INTERNAL MEMO

Date: July 15, 2020

To: Vivian Holmes From: People and Culture

Location: Four Seasons New York

Subject: Benefits Coverage During Furlough

During these unprecedented times, we know that there are uncertainties around many things, and healthcare is one area that you may have many questions. We hope to provide you with some clarity on what is offered to you while on furlough.

You will receive a monthly invoice from Businessolver for the continuation of your benefits. If you wish to continue with your current benefits, you will be required to submit payment directly to Businessolver. If payment is not received by the required due date, your benefits will be terminated, and you can reinstate your benefits once you return to work. You will have 31 days from the date you return to work to contact the My Four Seasons Benefits Center at 1.866.672.0435 or log on to the My Four Seasons Benefits website at [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com) to reinstate your benefits.

Your first invoice will reflect your medical, dental and vision at 100% of the premium (both employee and employer share) while on furlough.

Benefits continuation during furlough:

### Medical, Dental and Vision

- You will pay 100% of monthly premium.
- Your coverage can be continued during furlough period if applicable premiums are paid.
- You may change your coverage (i.e. drop dental coverage) at any time by contacting "My Four Seasons Benefits Center" as noted above.

### Health Savings Account (HSA)

- HSA contributions through your employer will cease.
- You can continue to use any HSA balance for reimbursements / payments.

#### **Basic Life, Basic Dependent Life and Optional Life**

- You can request for conversion option by contacting the My Four Seasons Benefits Center at 1.866.672.0435.
- Optional Life Insurance is an employee paid benefit and will continue for the same period as Basic Life Insurance provided you continue to pay your employee premium cost.
- For basic and optional life insurance conversion, you have 60 days from the date of the notice letter to mail or fax the form back.

#### **Basic AD&D, and Optional AD&D**

- You can request for conversion option by contacting the My Four Seasons Benefits Center at 1.866.672.0435.
- Our plan does not allow for continuation of AD&D beyond 30 days.

#### **Long Term Disability (LTD)**

- Our plan does not allow for continuation of LTD beyond 30 days.
- If you were disabled prior to the effective date of your furlough, LTD benefits will continue until you recover, with some exceptions. Please refer to the LTD policy for more details.

#### **Employee Assistance Program (EAP)**

- Coverage continues during furlough at no employee cost. Paid for by Four Seasons.
- Call the Magellan EAP toll-free number at 1.800.424.1748 or log on to magellanascend.com.

#### **Short Term Disability (STD)**

- Contact your P&C team for STD questions during your furlough.

#### **Retirement Benefit Plan**

- Your employee 401 (k) contributions will end once you receive your last paycheck for base pay, vacation and PTO.
- Your loan payments must be made timely and you can ask your People & Culture team how to make those payments to keep your loan current.

Our team is working closely with transit and parking providers to monitor the situation. Please visit [www.washingtondc.gov/coronavirus](https://www.washingtondc.gov/coronavirus) or call 202-727-4250 for the most up-to-date information and policies from our provider partners.

Program Sponsor	
Plan	Four Seasons Hotel
Administrator	
Third Party	HealthEquity
Administrator	

**For More Information**

Log into your account. If you log in using the link below (click on it or copy and paste it into your browser), you will be directed to a page that contains more information about this account.  
[www.washingtondc.gov/coronavirus](https://www.washingtondc.gov/coronavirus)

Due to security and privacy concerns, we are unable to include benefit details in email communications. To update your communication preferences, log into your account, select Profile and then Preferences.

## 2021 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy D to be filed with employee's Federal Income Tax Return.		
d Control number	Dept.	Corp.
002608 BOST/MZG	100302	Employer uses only L 260

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

a Employee's name, address, and ZIP code <b>HOTEL 57 SERVICES LLC</b> 67 E 57TH STREET NEW YORK NY 10022
---

Batch #01406

e/f Employee's name, address, and ZIP code <b>VIVIAN HOLMES</b> 42 WILDWOOD AVE. MT. VERNON NY 10550	
b Employer's FED ID number <b>16-1741079</b>	a Employee's SSN number [REDACTED]
1 Wages, tips, other comp. <b>5500.00</b>	2 Federal income tax withheld <b>1210.00</b>
3 Social security wages <b>5500.00</b>	4 Social security tax withheld <b>341.00</b>
5 Medicare wages and tips <b>5500.00</b>	6 Medicare tax withheld <b>79.75</b>
7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]
9 [REDACTED]	
10 Dependent care benefits [REDACTED]	
11 Nonqualified plans 12a See instructions for box 12 [REDACTED]	
14 Other 28.16 NY PFL 12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay X	
15 State Employer's state ID no. <b>NY 16-1741079</b>	16 State wages, tips, etc. <b>5500.00</b>
17 State income tax <b>757.90</b>	18 Local wages, tips, etc. [REDACTED]
19 Local income tax [REDACTED]	20 Locality name [REDACTED]

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	N.Y. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	6,500.00	5,500.00	5,500.00	5,500.00
Reported W-2 Wages	<b>5,500.00</b>	<b>5,500.00</b>	<b>5,500.00</b>	<b>5,500.00</b>

## 2. Employee Name and Address.

**VIVIAN HOLMES**  
42 WILDWOOD AVE.  
MT. VERNON NY 10550

© 2021 ADP, Inc.

1 Wages, tips, other comp. <b>5500.00</b>	2 Federal Income tax withheld <b>1210.00</b>		
3 Social security wages <b>5500.00</b>	4 Social security tax withheld <b>341.00</b>		
5 Medicare wages and tips <b>5500.00</b>	6 Medicare tax withheld <b>79.75</b>		
d Control number	Dept.	Corp.	Employer uses only
002608 BOST/MZG	100302	L	260

e Employee's name, address, and ZIP code <b>HOTEL 57 SERVICES LLC</b> 57 E 57TH STREET NEW YORK NY 10022	
---	--

b Employer's FED ID number <b>16-1741079</b>	a Employee's SSN number [REDACTED]
7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]
9 [REDACTED]	
10 Dependent care benefits [REDACTED]	
11 Nonqualified plans 12a See instructions for box 12 [REDACTED]	
14 Other 28.16 NY PFL 12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay X	

e/f Employee's name, address and ZIP code <b>VIVIAN HOLMES</b> 42 WILDWOOD AVE. MT. VERNON NY 10550	
15 State Employer's state ID no. <b>NY 16-1741079</b>	16 State wages, tips, etc. <b>5500.00</b>
17 State income tax <b>757.90</b>	18 Local wages, tips, etc. [REDACTED]
19 Local income tax [REDACTED]	20 Locality name [REDACTED]

Federal	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy B to be filed with employee's Federal Income Tax Return.		

1 Wages, tips, other comp. <b>5500.00</b>	2 Federal income tax withheld <b>1210.00</b>		
3 Social security wages <b>5500.00</b>	4 Social security tax withheld <b>341.00</b>		
5 Medicare wages and tips <b>5500.00</b>	6 Medicare tax withheld <b>79.75</b>		
d Control number	Dept.	Corp.	Employer uses only
002608 BOST/MZG	100302	L	260

e Employee's name, address and ZIP code <b>HOTEL 57 SERVICES LLC</b> 57 E 57TH STREET NEW YORK NY 10022	
--	--

b Employer's FED ID number <b>16-1741079</b>	a Employee's SSN number [REDACTED]
7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]
9 [REDACTED]	
10 Dependent care benefits [REDACTED]	
11 Nonqualified plans 12a [REDACTED]	
14 Other 28.16 NY PFL 12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay X	

e/f Employee's name, address and ZIP code <b>VIVIAN HOLMES</b> 42 WILDWOOD AVE. MT. VERNON NY 10550	
15 State Employer's state ID no. <b>NY 16-1741079</b>	16 State wages, tips, etc. <b>5500.00</b>
17 State income tax <b>757.90</b>	18 Local wages, tips, etc. [REDACTED]
19 Local income tax [REDACTED]	20 Locality name [REDACTED]

NY.State	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy C to be filed with employee's State Income Tax Return.		

NY.State	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy D to be filed with employee's State Income Tax Return.		

**Instructions for Employees**

**Box 1.** Enter this amount on the wages line of your tax return.  
**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.  
**Box 3.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.  
**Box 4.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 5.** This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tip you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 6.** This amount includes the total deferral care benefit that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferrals amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form 884-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and 8) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans) if you qualify for the 15-year rule explained in Pub. 571. Deferrals under code 8 are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Forms 1040 and 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—Uncollected social security or RRTA tax on tips.** Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

**B—Uncollected Medicare tax on tips.** Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

**C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5).**

**D—Elective deferrals to a section 401(k) cash or deferred arrangement.** Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E—Elective deferrals under a section 403(b) salary reduction agreement.**

**F—Elective deferrals under a section 405(k)(6) salary reduction SEP.**

**G—Elective deferrals and employee contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan.**

**H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan.** See the instructions for Forms 1040 and 1040-SR for how to deduct.

**J—Nonqualified sick pay (information only, not included in box 1, 3, or 5).**

**K—20% excise tax on excess golden parachute payments.** See the instructions for Forms 1040 and 1040-SR.

**L—Substantiated employee business expense reimbursements (nontaxable).**

**M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only).** See the instructions for Forms 1040 and 1040-SR.

**N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only).** See the instructions for Forms 1040 and 1040-SR.

**P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).**

**Q—Nontaxable combat pay.** See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

**R—Employer contributions to your Archer MSA, as reported in Form 8355, Archer MSAs and Long-Term Care Insurance Contracts.**

**S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).**

**T—Adoption benefits (not included in box 1).** Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

**V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5).** See Pub. 555, Taxable and Nontaxable Income, for reporting requirements.

**W—Employee contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account.** Report on Form 8888, Health Savings Accounts (HSA).

**Y—Deferrals under a section 409A nonqualified deferred compensation plan.**

**Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A.** This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-SR.

**AA—Designated Roth contributions under a section 401(k) plan.**

**BB—Designated Roth contributions under a section 403(b) plan.**

**DD—Cost of employer-sponsored health coverage.** The amount reported with code DD is not taxable.

**EE—Designated Roth contributions under a governmental section 457(g) plan.** This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF—Permitted benefits under a qualified small employer health reimbursement arrangement.**

**GG—Income from qualified equity grants under section 83(i).**

**HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year.**

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employees use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax, include this reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

**NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

**IMPORTANT NOTE:**

In order to insure efficient processing, attach this W-2 to your tax return like this following agency instructions:

**TAX RETURN**

THIS FORM	OTHER
W-2	W-2c

**Notice to Employee**

**Do you have to file?** Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned Income Credit (EIC).** You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 506, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct

your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

**Credit for excess taxes.** If you had more than one employer in 2021 and more than \$8,853.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

DO FILE DERT CLOCK VCHR NO 010  
M20 002606 100302 00000530078 1

HOTEL 57 SERVICES,LLC  
D/B/A FOUR SEASONS HOTEL, NEW YORK  
67 EAST 57TH STREET  
NEW YORK, N.Y. 10022

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 3  
NY: 3

## Earnings Statement



Period Beginning: 12/19/2020  
Period Ending: 12/25/2020  
Pay Date: 12/31/2020

VIVIAN HOLMES  
42 WILDWOOD AVE.  
MT. VERNON, NY 10550

<u>Earnings</u>	rate	hours	this period	year to date	<u>Other</u>	this period	year to date
Sick Pay	30.8700	16.00	493.92	1,728.72	Checking 1	-335.66	12,830.15
Regular				17,029.45	Checking 2	-50.00	2,000.00
Birthday Pay				740.88	<b>Net Check</b>	<b>\$0.00</b>	
Furlou Payment				493.92			
Holiday Pay				3,210.48			
Housespread				45.00			
Tfb				20.00			
Vacation Pay				740.88			
Weighted Ot				148.03			
<b>Gross Pay</b>			<b>\$493.92</b>	24,157.36			
 <u>Deductions</u>							
 <u>Statutory</u>							
Social Security Tax	-30.63			1,280.41			
Medicare Tax	-7.16			299.45			
NY State Income Tax	-9.27			593.80			
NY SUI/SDI Tax	-0.60			24.00			
Federal Income Tax				694.92			
NY Paid Family Leave Ins				63.65			
 <u>Other</u>							
N.Y.P.F.L -Curr	-1.38						
401K	-59.27			2,837.33			
Ad&D				27.60			
Child Life				3.90			
Dental				54.00			
Pre-Tax Medical				2,848.80			
Transportation				600.00			
 <b>Net Pay</b>			<b>\$385.66</b>				

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HOTEL 57 SERVICES,LLC  
D/B/A FOUR SEASONS HOTEL, NEW YORK  
57 EAST 57TH STREET  
NEW YORK, N.Y. 10022

Advice number: 00000530078  
Pay date: 12/31/2020

Deposited to the account of  
VIVIAN HOLMES

account number	transit	ABA	amount
[REDACTED]			\$335.66
			\$50.00

**NON-NEGOTIABLE**

**Four Seasons**  
ATTN: Benefits Administration  
1025 Ashworth Road  
West Des Moines, IA 50265



John Staley  
2 Midwood Ave.  
WV Veneta, NY 10550

**IMPORTANT - 2021 ANNUAL ENROLLMENT/BENEFIT SUMMARY**

This document will provide you with information about your benefits which may have been changed for the benefit year. Attached is a summary of the changes that will take place January 1, 2021.

Please review this document for your approved coverage availability, as well as any pertinent information you may have received from Four Seasons. You can also go to [www.fourseasons.com](http://www.fourseasons.com) for more information regarding benefits. Information is available online at [www.fourseasons.com](http://www.fourseasons.com) through February 2021.

For further information, please contact your supervisor or Human Resources Department regarding any questions you may have concerning this document.

**EMPLOYEE BENEFITS PROVIDED**  
The following is a general description of the employee benefits for the 2021 plan year. We are not able to provide documentation for every benefit provided. Please refer to the specific benefit descriptions for more detailed information. Benefits will not be available for new employees until March 1, 2021. This document does not affect any benefit already provided during the previous enrollment period.

**2021 BENEFIT SUMMARY**

Your proposed elections for next year, as of December 11, 2020.

A summary of your proposed elections for 2021 plan year is provided below.

Please refer to the benefit summary and summary of additional benefit information in your election(s) or on covered individuals' contribution and election account and beneficiary information.

**CURRENT INFORMATION**

**Primary**

Female

**Date of Birth**

04/22/1977

Relationship to Primary: Child

<b>Options - Building Life Insurance</b>	
<b>AVIVA</b>	
<b>Child Life Buy Up</b>	
<b>Whole Life Insurance</b>	
<b>Basic-Dependent Life Insurance</b>	\$ 0.00 /Monthly
<b>Basic-Dependent Life</b>	
<b>Short Term Disability</b>	\$ 0.00 /Monthly
<b>Medium Term Disability</b>	
<b>Long Term Disability</b>	
<b>Long Term Disability</b>	100% Company Paid
<b>HSA</b>	
<b>Healthcare Planning</b>	\$ 0.00 /Monthly
<b>Employee Assistance Plan</b>	100% Company Paid



INTERNAL MEMO

To: Employees From: Human Resources  
Subject: Four Seasons Hotel New York Location: Four Seasons Hotel New York

**THE NEW YORK CITY EARNED SICK AND SICK TIME ACT (ESSTA) – ADDENDUM TO IMPACT**

On January 1, 2020, the City's Earned Sick Time Act (ESTA) allowed employees up to 40 hours of paid sick leave annually to care for themselves or family members. The ESTA also broadens the definition of "family member" to include "any other individual related by blood to the employee, and any other individual whose close association with the employee is equivalent to a family relationship."

On April 1, 2020, Mayor Bill de Blasio signed into law an amendment to the Earned Sick Time Act that expands the law to allow New York City employers to use earned time off for reasons related to their own or a family member who is a victim of a family offense, sexual offense, stalking, or human trafficking.

The law, known as the Family Offense Protection Act (FOPA), takes effect on June 1, 2021. The law is intended to help victims of family offenses, sexual offenses, stalking, and human trafficking obtain paid time off from work to deal with the aftermath of such incidents.

Under FOPA, employees can take up to 40 hours of paid sick leave annually to address family offense matters by calling 911 or reporting to a law enforcement agency.

Family offense matters include sex trafficking and labor trafficking, and other family offense matters or incidents or threats or effects that may constitute offenses such as kidnapping, assault, harassment, stalking, assault and battery, theft between spouses or between parent and child or members of the same family relationship.

Under FOPA, employees can take up to 40 hours of paid sick leave annually to address family offense matters with one another. If the persons formerly married to or involved with the employee still reside in the same household, they may take time off together to address family offense matters. Whether two persons have been married or domestic partners, if they are both victims of the same family offense, they may take time off together to address those family offense matters.

Employees can take up to 40 hours of paid sick leave annually to address family offense matters with a child under age 18. If the child resides in the same household as the employee, the employee may take time off together to address family offense matters.

CO. FILE DEPT. CLOCK VCHR. NO. 010  
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HOTEL 57 SERVICES,LLC  
D/B/A FOUR SEASONS HOTEL, NEW YORK  
57 EAST 57TH STREET  
NEW YORK, N.Y. 10022

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 3  
NY: 3

## Earnings Statement



Period Beginning: 06/18/2022  
Period Ending: 06/24/2022  
Pay Date: 06/30/2022

VIVIAN HOLMES  
42 WILDWOOD AVE.  
MT. VERNON NY 10550

<u>Earnings</u>	rate	hours	this period	year to date
Vacation Pay	30.8700	40.00	1,234.80	7,408.80
Severance Pay				9,500.00
<b>Gross Pay</b>			<b>\$1,234.80</b>	<b>16,908.80</b>

<u>Other Benefits and Information</u>	<u>this period</u>	<u>Total to date</u>
401K Eligible	1,234.80	
Vaca Hrs		240.00

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax	-62.72	2,466.32	
Social Security Tax	-76.56	1,048.35	
Medicare Tax	-17.91	245.18	
NY State Income Tax	-47.15	1,394.40	
NY SDI Tax	-0.60	3.60	
NY Paid Family Leave Ins	-6.31	86.50	
<u>Other</u>			
401K	-148.18*	889.08	
<b>Net Pay</b>	<b>\$876.37</b>		
Checking 1	-825.37	9,525.37	
Checking 2	-50.00	1,250.00	
<b>Net Check</b>	<b>\$0.00</b>		

**Important Note:**  
YOUR COMPANY PHONE NUMBER IS 212-758-6700

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,086.62

© 2000 ADP, Inc.

HOTEL 57 SERVICES,LLC  
D/B/A FOUR SEASONS HOTEL, NEW YORK  
57 EAST 57TH STREET  
NEW YORK, N.Y. 10022

Advice number: 00000260030  
Pay date: 06/30/2022

Deposited to the account of  
VIVIAN HOLMES

account number	transit	ABA	amount
[REDACTED]			
XXXX XXXX			\$825.37
XXXX XXXX			\$50.00

**NON-NEGOTIABLE**



March 20, 2020

To whom it may concern:

Vivian Holmes

Please note this is to confirm that Vivian Dauzon, employee of the Four Seasons Hotel New York, located at 57 East 57<sup>th</sup> street (employee entrance 58<sup>th</sup> East 58<sup>th</sup> street), is an essential employee and must be at work due to his/her job responsibilities.

Should you have any questions, please contact our Hotel Manager, Michal Dedera at (312)613-4702 or Director of People & Culture, Elizabeth Ortiz at (347)899-5276.

Sincerely,

Rudy Tascher

Rudy Tascher  
General Manager

57 EAST 57TH STREET • NEW YORK, NEW YORK 10022 U.S.A.  
TELEPHONE 212.758.5700 • FAX 212.758.5711 • [www.fourseasons.com](http://www.fourseasons.com)

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ALL COUNTY ENDODONTICS Online Receipt



ALL COUNTY ENDODONTICS

112 WESTMINSTER RD  
SCARSDALE, NY 10583  
1.914.768.9017

Subtotal \$415.00  
Total Tax \$0.00

Total **\$ 415.00**

PAYMENT ID: TV77GFSHEVITA  
Date: 05/31/2024

Print Name:

Card Type: VISA

Card Number: 4111111111111111

Expiration Date: 10/24

CVV: 123

ZIP: 10583

SSN: 123-45-6789

Address: 112 Westchester Ave

City: Scarsdale

State: NY

Zip: 10583

Phone: 123-456-7890

Fax: 123-456-7890

Email: info@allcountyendodontics.com

Comments: All services were performed as agreed.



March 9, 2021

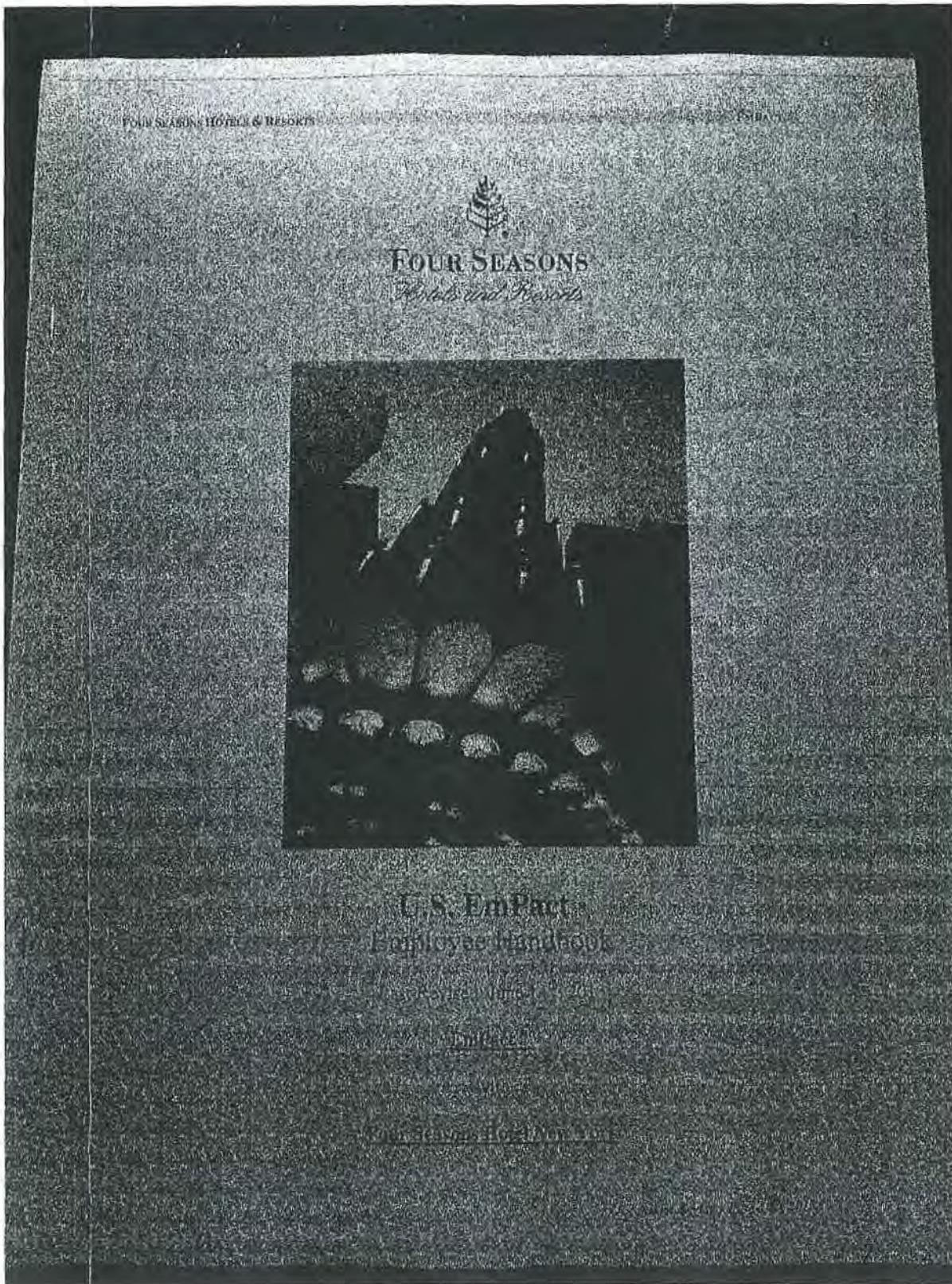
We are writing to advise you of the status of your 401(k) Employee Matching Contribution for the 2020

Plan Year. The Four Seasons Hotel Retirement Benefit Plan Employer Matching Contribution for the 2020 Plan Year was made on March 9, 2021. A copy of the complete details of the Plan will be provided to you by your Plan Administrator. Please refer to the most recent Plan Document. As outlined on page two(e) of the Plan Document, contributions made during the Plan Year Contributions section of the Plan and Policy provide for a 100% employer match on all contributions made during the Plan Year.

The amount of the contribution is based on the employee's pre-tax deferral amount and matching contribution for the 2020

Plan Year. The total amount contributed to the Plan during 2020 was \$1,000,000.00. The amount of the contribution is determined by the number of employees who made contributions during the Plan Year.

For further information regarding the Plan, please contact the Plan Administrator at 1-800-343-0000 or via email at [planinfo@fourseasons.com](mailto:planinfo@fourseasons.com). We thank you for your continued support of the Plan.



  
New York State Department of Labor Division of Labor Standards  
**Notice and Acknowledgement of Pay and Payday for Non-Union Employees**

**Employer Information**  
Name: Four Seasons Hotel NY  
Doing Business As (DBA) name: Hotel of Services, LLC  
FEIN: 13-47074  
Physical Address: 77 East 57th Street, New York, NY 10022  
Phone Number: (212) 554-1000  
Address: 77 East 57th Street, New York, NY 10022  
Signature: [Signature]

**Employee Information**  
Name: [REDACTED]  
Address: [REDACTED]  
Phone Number: [REDACTED]  
Email: [REDACTED]

**Allowances Taken**  
 Meal \_\_\_\_\_  
 Lodging \_\_\_\_\_  
 Other \_\_\_\_\_

**Regular Payday:** [REDACTED]

**Pay in:**  
 Bi-weekly \_\_\_\_\_  
 Weekly \_\_\_\_\_  
 Other \_\_\_\_\_

**Overtime Pay Rate:**  
For each hour of overtime work, the employee must be paid at least one and one-half times the regular straight-time rate. [REDACTED]

**Employee Acknowledgement:**  
On this day, I received notice of my pay rate, overtime rate (if applicable), allowances and designated payday. I told my employer what my primary language is.

**Check one:**  
 I accepted this pay notice in English because it is my primary language.  
 My primary language is not English; this pay notice is in English because the Department of Labor does not yet offer a pay notice form in this language on its web site.

\_\_\_\_\_  
[Signature] William Holmes  
Rooms Administrative Assistant

**Employee Signature:**  
\_\_\_\_\_  
[Signature]

**Employee Name and Title:**  
Julia Shin, People and Culture Manager  
[REDACTED]

**Comments:**  
[REDACTED]

Four Seasons (c/o Businessolver, Inc.)  
ATTN: COBRA Administration  
1025 Ashworth Road, Suite 101  
West Des Moines, IA 50266



Notice Date: May 09, 2021

To the family of:  
William Staley  
1025 Ashworth Ave.  
Des Moines, IA 50310

**IMPORTANT - COBRA CONTINUATION COVERAGE, OTHER HEALTH COVERAGE ALTERNATIVES, & EXTENDED ELECTION PERIODS UNDER THE AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)**  
If you or your household qualify in event of a layoff, furlough, reduction in hours or an involuntary conversion from full-time to part-time employment, and you have not reached the minimum period for your COBRA continuation coverage, you may elect to receive COBRA continuation coverage when it was first offered.

Some individuals are eligible to receive premium assistance under the American Rescue Plan Act of 2021 (ARPA). To determine if you are eligible for premium assistance under the ARPA, carefully review this notice and the attached document titled Summary of Premium Assistance. If you are not eligible for premium assistance under the American Rescue Plan Act of 2021, you are eligible for other health coverage alternatives. You can visit [www.businessolver.com](http://www.businessolver.com) to request premium assistance and enrollment following the steps outlined below.

If you are eligible for premium assistance and would still like to elect COBRA, complete the following steps below:

**IF YOU ARE ELIGIBLE FOR PREMIUM ASSISTANCE IN YOUR COBRA COVERAGE OPTIONS ONLY:**

1. Log in to [www.businessolver.com](http://www.businessolver.com) and select "COBRA Premium Assistance" from the menu bar.

2. Select the appropriate plan and follow the enrollment steps to request premium assistance.

3. Once approved, you will receive a new COBRA election period notice.

4. If you are still eligible for COBRA coverage, you will receive a new COBRA election period notice.

5. If you are no longer eligible for COBRA coverage, you will receive a new COBRA election period notice.

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42. If you are no longer eligible for COBRA coverage, you will receive a new COBRA election period notice.

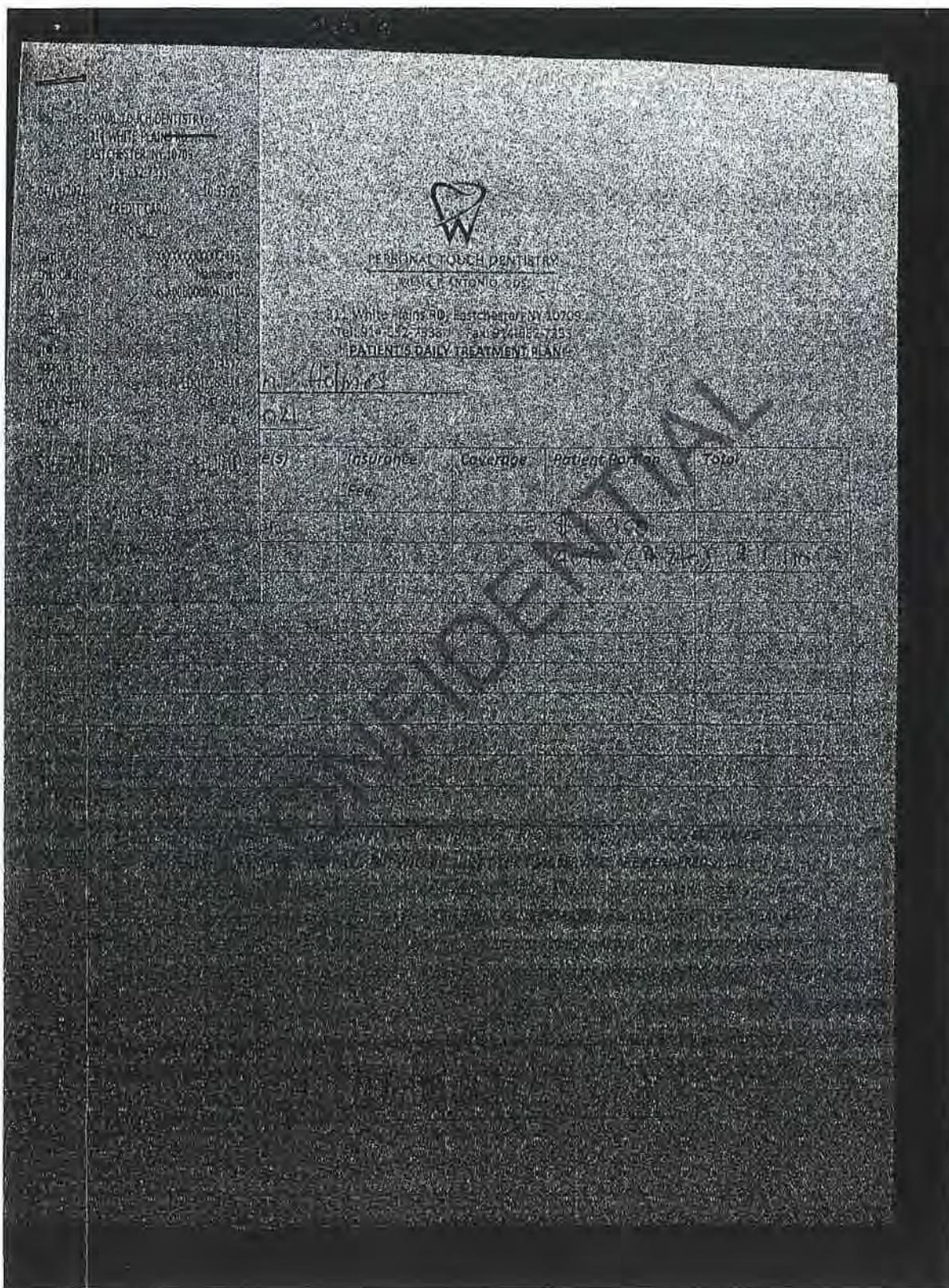
43. If you are no longer eligible for COBRA coverage, you will receive a new COBRA election period notice.

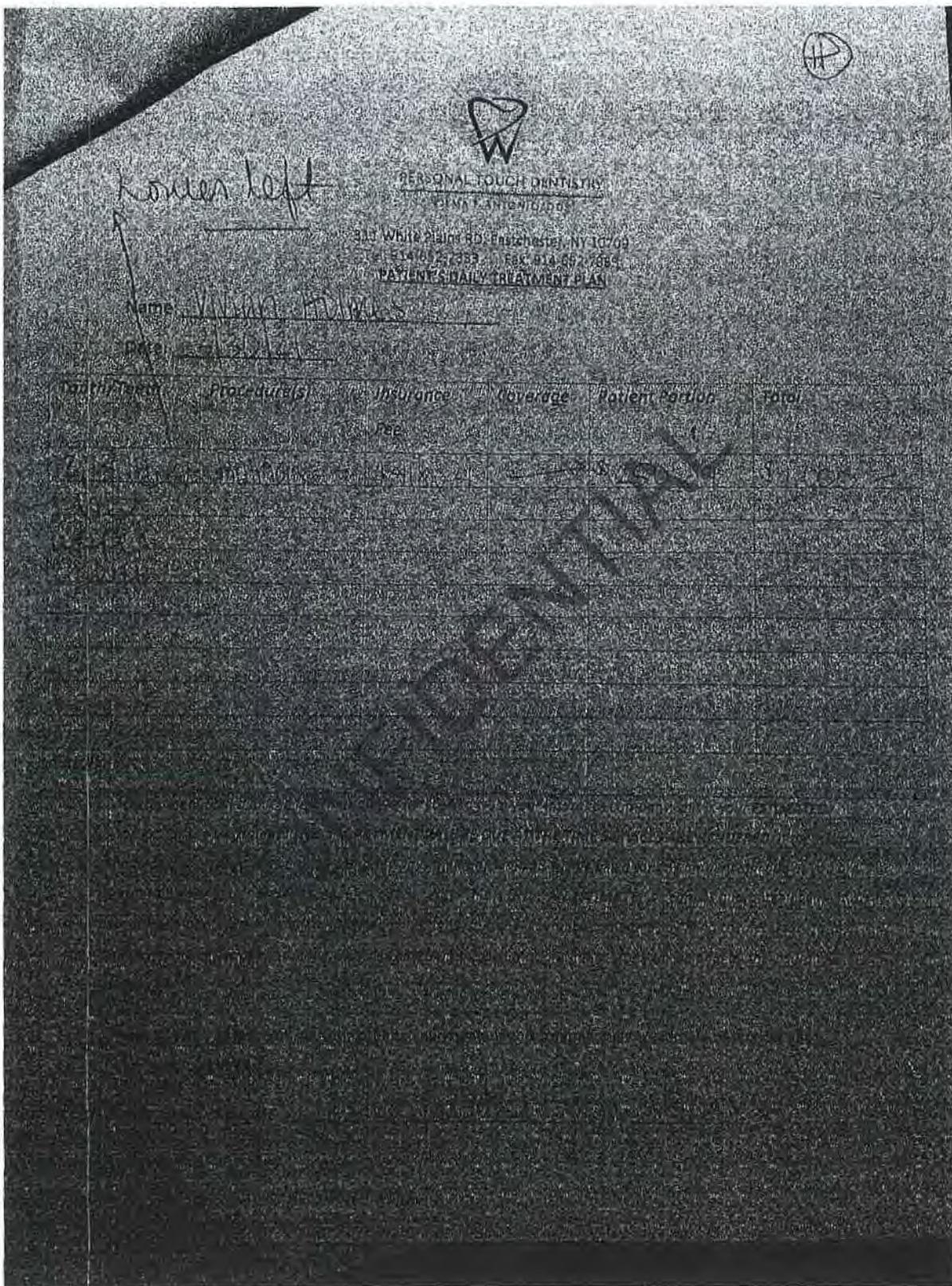
44. If you are no longer eligible for COBRA coverage, you will receive a new COBRA election period notice.

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47. If you are no longer eligible for COBRA coverage, you will receive a new COBRA election period notice.







Your payment would be about  
**\$1,712 a month**  
at full retirement age

000045038 350000 0000 11 80

VIRGINIA HOLLOWAY  
42 WILDFOOD AVE.  
MOUNT VERNON NY 10550-4946

August 26, 2016

## Your Social Security Statement

This Social Security Statement tells you about how much you or your family would receive if you retire at different ages. It also shows the benefits available to your dependents if you die. This statement is based on your lifetime earnings record.

If you have any questions, call us toll-free at 1-800-772-1213. You can also visit our website at [www.ssa.gov](http://www.ssa.gov).

To view your Social Security Statement online anytime, create a my Social Security account today.



my Social Security



## Your Earnings Record

Years You Worked	Your Total Social Security Earnings	Your Total Medicare Hospital Insurance Premium
1987	\$1,154	\$1,154
1988	2,515	2,615
1989	1,257	1,267
1990	0	0
1991	6,789	6,789
1992	6,388	6,388
1993	2,749	2,749
1994	3,441	3,441
1995	3,341	3,341
1996	5,023	5,023
1997	5,101	5,101
1998	51,527	51,527
1999	58,062	58,062
2000	52,581	52,581
2001	53,372	53,372
2002	55,216	55,216
2003	55,224	55,224
2004	57,444	57,444
2005	59,716	59,716
2006	59,252	59,252

You and your family may be eligible for disability benefits.

When you die, your family may be eligible for survivors' benefits.

Social security may help you if you become disabled, even at a young age.

A good person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social security is a credit to you and your family. It will reward you for working hard throughout your career.

SOCIAL SECURITY  
INVESTIGATION  
REPORT

For more information about Social Security, call toll-free 1-800-772-1213 or write to: Social Security Administration, P.O. Box 13000, Baltimore, MD 21233-0001. If you have questions about your Social Security record, call toll-free 1-800-772-1213.

If you have questions about your Social Security record, call toll-free 1-800-772-1213. If you have questions about your Social Security record, call toll-free 1-800-772-1213.

P.O. Box 1984  
Southgate, MI 48195-0984

PAYING BY CREDIT CARD: FILL OUT BELOW					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discover	MasterCard	VISA	VISA	AMERICAN EXPRESS	
CARD NUMBER			EXP DATE		
CARD HOLDER'S NAME			SIGNATURE		
CURRENT BALANCE		STATEMENT DATE		DATE	
\$129.75		11/28/22			
ACCT #		ACCOUNT		AMOUNT	
123-4567-8901-2345		F9003712251		PAID	

HOLMES VIVIAN  
42 WILDWOOD AVE  
MOUNT VERNON NY 10550-4936

White Plains Hospital Medical Center  
PO BOX 412955  
BOSTON MA 02241-2955

WHITEHORN-HOSPITAL

290320405501

005149



Notice of Health Insurance Premium Rebate

September 19, 2024

VIVIAN HOLMES  
42 WILDWOOD AVE.  
MOUNT VERNON NY 10550-4930

Re: Health Insurance Premium Rebate for Year 2021 Policy [REDACTED]  
Policy Name: FOUR SEASONS DHA-VFBA

Dear VIVIAN HOLMES:

This letter is to inform you that Cigna Health and Life Insurance Company will be rebating a portion of your health insurance premiums through your employer or group policy holder. This rebate is required by the Affordable Care Act—the health reform law.

The Affordable Care Act requires Cigna Health and Life Insurance Company to rebate part of the premium it receives if it does not spend at least 85 percent of the premiums Cigna Health and Life Insurance Company receives on health care services such as doctors and hospital bills, and activities that improve health care quality, such as efforts to improve patient safety. No more than 15 percent of premiums can be spent on administrative costs, such as salaries, sales, and advertising. This is called the 85/15 rule. It is a standard of the Affordable Care Act. The 85/15 rule is the Affordable Care Act's way of making sure that consumers get value for their health care dollars. You can learn more about the 85/15 rule and other provisions of the health reform law at [www.healthcare.gov](http://www.healthcare.gov).

If you have any questions about this notice or the 85/15 rule, please contact your employer or group policy holder.

Very truly yours,  
Cigna Health and Life Insurance Company

For more information about the 85/15 rule, visit [www.hhs.gov/aca/85-15rule](http://www.hhs.gov/aca/85-15rule).

For more information about the Affordable Care Act, visit [www.healthcare.gov](http://www.healthcare.gov).

For more information about Cigna Health and Life Insurance Company, visit [www.cigna.com](http://www.cigna.com).

For more information about your employer or group policy holder, contact them directly.

For more information about your state insurance department, visit [www.naic.org](http://www.naic.org).

For more information about your state insurance department, visit [www.naic.org](http://www.naic.org).

For more information about your state insurance department, visit [www.naic.org](http://www.naic.org).

For more information about your state insurance department, visit [www.naic.org](http://www.naic.org).

For more information about your state insurance department, visit [www.naic.org](http://www.naic.org).



## Frequently Asked Questions about 2022 MLR Rebates

### **What is the Medical Loss Ratio?**

Medical Loss Ratio (MLR) is the percent of premiums an insurance company spends on claims and expenses that improve health care quality. The Health Care Reform law requires insurance companies to pay annual rebates if the MLR for groups of policies issued in a state is less than 85% for large employer group policies and 80% for most small employer group policies and individual policies.

### **What is the purpose of the minimum MLR provision?**

The MLR provision is intended to ensure that minimum percent of premiums are paid to pay claims. This limits the amount insurance companies can spend on administrative expenses and profits.

### **How are rebates determined?**

Rebates are determined on a state-by-state basis. 2021 rebates are based on all the premiums and claims for a group of policies issued by an insurance company in a state in 2021. Rebates are not based only on the claims for your own policy.

If claims for all policies similar to yours are in your state in 2021 were *lower* than the required MLR percent, the policyholder *will not receive a rebate*.

If claims for all policies similar to yours are in your state in 2021 were *higher* than the required MLR percent, the policyholder *will not receive a rebate*.

### **Will I receive a rebate check?**

Yes. If you have a group health plan and have had a refundable premium balance in your account, we will mail you a check. If you do not have a group health plan or have no refundable premium balance in your account, we will mail you a letter explaining why you did not receive a rebate.

It is important to note that if you have a group health plan and have a refundable premium balance in your account, you may receive a rebate even if you did not receive a rebate in the previous year.

It is also important to note that if you have a group health plan and have a refundable premium balance in your account, you may receive a rebate even if you did not receive a rebate in the previous year.

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Elsevier Interactive Patient Education - VIVIAN HOLMES - [REDACTED]

16 Guion Place  
New Rochelle, NY 10801

Montefiore New  
Rochelle Hospital

914.632.5000

Elsevier Interactive Patient Education - VIVIAN HOLMES - ID#



Elsevier Interactive Patient Education - VIVIAN HOMMES - ID [REDACTED] MR [REDACTED]

16 Guion Place  
New Rochelle, NY 10802

Montefiore New  
Rochelle Hospital

914.632.5000

PATIENT EDUCATION SUMMARY

VIVIAN,

I want to thank you for all  
you do each day to ensure our  
apartment is paid properly. We could  
not do it without you.

A million thanks,

Maggie

FOUR SEASONS HOTEL

February 18<sup>th</sup>, 2015

Dear Ladies  
Housekeeping  
Department, New York.

Dear Vivian,

I am writing to you all to nominate Vivian for Employee of the Month for February 2015!

Please find your nomination written by Matt Lynchatt, Assistant Housekeeping Manager  
and signed by all members Vivian, Leanne.

Vivian is our Lead Housekeeping Manager at the Grand Central Hotel. Vivian is truly the Heart of the Hotel. She is a hard working lady that does everything right while the rest of us are running around the building. She is a true leader who is always approachable. Vivian has always been amazing & dedicated to ensuring that every guest has a great experience. She has had to learn a new game w/ shredder. Time has been tough for the department & transition to the new payroll system has been so smooth mainly because of the hard work & dedication that she has put into it. I am grateful for her leadership & guidance.

Vivian is a true role model for our department. Hard work and organization in the highest way. Vivian did a great job with the transition of the payroll system. She has been a great asset to the department. I would like to thank Vivian for all the hard work & dedication she has put into the department. Please consider nominating Vivian for Employee of the Month for February.

FOUR SEASONS HOTEL  
New York

December 13, 2016

Vivian D'Avignon  
Housekeeping  
Four Seasons Hotel New York

Re: Vivian

Congratulations on being nominated as an Employee of the Month for December 2016.

Please find your nomination written by the Housekeeping Team:

The Housekeeping Department is proud to nominate Vivian D'Avignon for Employee of the Month. Vivian handles a huge responsibility for the Housekeeping department including assisting with the scheduling of all employees and parts.

Vivian is always available and supportive for the Housekeeping Team and they all look up to her for guidance. She is always asked of her's completed with no questions asked. She plays such a vital role behind the scenes of the department and we cannot thank her enough for all that she does.

Four Seasons recognizes your dedication, outstanding contributions and accomplishments. Please join us for the Four Seasons Employee of the Month Celebration on Friday, December 23rd, 2016 at 7:00 AM in the Dining Room.

For more information about the Employee of the Month Celebration, please contact Human Resources at 212-904-7000 or via email at [HRNYC@FOURSEASONS.COM](mailto:HRNYC@FOURSEASONS.COM).

Thank you,

## 2021 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy 2 to be filed with employee's Federal Income Tax Return.		
d Control number	Dept.	Corp.
002506	BOST/MZG	100302
Employer uses only		
L 260		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

a Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b>
57 E 57TH STREET
NEW YORK NY 10022

Batch #01406

a/b Employee's name, address, and ZIP code	
<b>VIVIAN HOLMES</b>	
42 WILDWOOD AVE.	
MT. VERNON NY 10550	
b Employer's FED ID number	a Employee's SBA number
16-1741079	[REDACTED]
1 Wages, tips, other comp.	2 Federal income tax withheld
5500.00	1210.00
3 Social security wages	4 Social security tax withheld
5500.00	341.00
5 Medicare wages and tips	6 Medicare tax withheld
5500.00	79.75
7 Social security tips	8 Allocated tips
9 [REDACTED]	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b [REDACTED]
26-16 NY PFL	12c [REDACTED]
15 State Employer's state ID no.	16 State wages, tips, etc.
NY 16-1741079	5500.00
17 State income tax	18 Local wages, tips, etc.
757.90	
19 Local income tax	20 Locality name

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 6 of W-2	N.Y. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay Reported W-2 Wages	5,500.00 5,500.00	5,500.00 5,500.00	5,500.00 5,500.00	5,500.00 5,500.00

## 2. Employee Name and Address.

**VIVIAN HOLMES**  
42 WILDWOOD AVE.  
MT. VERNON NY 10550

1 Wages, tips, other comp.	2 Federal income tax withheld
5500.00	1210.00
3 Social security wages	4 Social security tax withheld
5500.00	341.00
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5500.00	79.75
d Control number	Dept.
002506	BOST/MZG
Employer uses only	
100302	L 260

a Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b>
57 E 57TH STREET
NEW YORK NY 10022

b Employer's FED ID number	a Employee's SBA number
16-1741079	[REDACTED]
7 Social security tips	8 Allocated tips
9 [REDACTED]	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b [REDACTED]
26-16 NY PFL	12c [REDACTED]
13 Stat emp Ret plan 3rd party sick pay	X

a/b Employee's name, address and ZIP code	
<b>VIVIAN HOLMES</b>	
42 WILDWOOD AVE.	
MT. VERNON NY 10550	

16 State Employer's state ID no.	16 State wages, tips, etc.
NY 16-1741079	5500.00
17 State income tax	18 Local wages, tips, etc.
757.90	
19 Local income tax	20 Locality name

Federal	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy 2 to be filed with employee's Federal Income Tax Return.		

1 Wages, tips, other comp.	2 Federal income tax withheld
5500.00	1210.00
3 Social security wages	4 Social security tax withheld
5500.00	341.00
5 Medicare wages and tips	6 Medicare tax withheld
5500.00	79.75
d Control number	Dept.
002506	BOST/MZG
Employer uses only	
100302	L 260

a Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b>
57 E 57TH STREET
NEW YORK NY 10022

b Employer's FED ID number	a Employee's SBA number
16-1741079	[REDACTED]
7 Social security tips	8 Allocated tips
9 [REDACTED]	10 Dependent care benefits
11 Nonqualified plans	12a [REDACTED]
14 Other	12b [REDACTED]
26-16 NY PFL	12c [REDACTED]
13 Stat emp Ret plan 3rd party sick pay	X

a/b Employee's name, address and ZIP code	
<b>VIVIAN HOLMES</b>	
42 WILDWOOD AVE.	
MT. VERNON NY 10550	

16 State Employer's state ID no.	16 State wages, tips, etc.
NY 16-1741079	5500.00
17 State income tax	18 Local wages, tips, etc.
757.90	
19 Local income tax	20 Locality name

NY.State	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy 2 to be filed with employee's State Income Tax Return.		

1 Wages, tips, other comp.	2 Federal income tax withheld
5500.00	1210.00
3 Social security wages	4 Social security tax withheld
5500.00	341.00
5 Medicare wages and tips	6 Medicare tax withheld
5500.00	79.75
d Control number	Dept.
002506	BOST/MZG
Employer uses only	
100302	L 260

a Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b>
57 E 57TH STREET
NEW YORK NY 10022

b Employer's FED ID number	a Employee's SBA number
16-1741079	[REDACTED]
7 Social security tips	8 Allocated tips
9 [REDACTED]	10 Dependent care benefits
11 Nonqualified plans	12a [REDACTED]
14 Other	12b [REDACTED]
26-16 NY PFL	12c [REDACTED]
13 Stat emp Ret plan 3rd party sick pay	X

a/b Employee's name, address and ZIP code	
<b>VIVIAN HOLMES</b>	
42 WILDWOOD AVE.	
MT. VERNON NY 10550	

16 State Employer's state ID no.	16 State wages, tips, etc.
NY 16-1741079	5500.00
17 State income tax	18 Local wages, tips, etc.
757.90	
19 Local income tax	20 Locality name

NY.State	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2021</b>
Copy 2 to be filed with employee's State Income Tax Return.		

**Instructions for Employee**

**Box 1.** Enter the amount on the wages line of your tax return.  
**Box 2.** Enter the amount on the federal income tax withheld line of your tax return.  
**Box 5.** You may be required to report this amount on Form 8899, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR if you are required to complete Form 8899.  
**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.  
**Box 8.** This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nongeneralized deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nongeneralized or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and G) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Forms 1040 and 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Unsubsidized social security or FRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction BEP.

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan.

H—Elective deferrals to a section 601(a)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J—Nonqualified stock pay (information only, not included in box 1, 3, or 5)

K—20% excess tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (non taxable)

M—Uncollected social security or FRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P—Excludable moving expense reimbursement paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nonexcludable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8889, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 403(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expense, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Z—Deferrals under a section 409A nongeneralized deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement.

GG—Income from qualified equity grants under section 891(j).

HH—Aggregate deferrals under section 83(l) elections as of the close of the calendar year.

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and additional Medicare tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

**NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

**IMPORTANT NOTE**

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

**TAX RETURN**

THIS FORM	OTHER
W-2	W-2B

**Notice to Employee**

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned Income Credit (EIC).** You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct

your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct, but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

**Credit for excess taxes.** If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.60 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Staley v FSR0049

## 2020 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2020</b>
OMB No. 1545-0008		

Copy C for employee's records  
d Control number Dept. Corp. Employer use only  
002508 BOST/MZG 100302 L 265

e Employer's name, address, and ZIP code  
**HOTEL 57 SERVICES LLC**  
57 E 57TH STREET  
NEW YORK NY 10022

Batch #02089

a/b Employee's name, address, and ZIP code

**VIVIAN HOLMES**  
42 WILLOWOOD AVE.  
MT. VERNON, NY 10550

b Employer's FED ID number 16-1741079	a Employee's SSN number 17814.41
1 Wages, tips, other comp. 17814.41	2 Federal income tax withheld 694.92
3 Social security wages 20651.74	4 Social security tax withheld 1280.41
5 Medicare wages and tips 20651.74	6 Medicare tax withheld 299.45
d Control number 002508	Dept. Corp. Employer use only BOST/MZG 100302 L 265
e Employer's name, address, and ZIP code <b>HOTEL 57 SERVICES LLC</b> 57 E 57TH STREET NEW YORK NY 10022	
b Employer's FED ID number 16-1741079	a Employee's SSN number [REDACTED]
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C   24.78
14 Other	12b D   2837.33 24.00 SDI 63.65 NY PFL 12c DD   15882.03 12d   13 Stat emp Ret plan 3rd party sick pay X
16 State Employer's state ID no. NY 16-1741079	18 State wages, tips, etc. 17814.41
17 State income tax 593.30	19 Local wages, tips, etc. 593.30
18 Local income tax	20 Locality name

a/b Employee's name, address and ZIP code
<b>VIVIAN HOLMES</b> 42 WILLOWOOD AVE. MT. VERNON, NY 10550
b Employer's FED ID number 16-1741079
7 Social security tips
11 Nonqualified plans
14 Other
16 State Employer's state ID no. NY 16-1741079
17 State income tax 593.30
18 Local income tax

a/b Employee's name, address and ZIP code
<b>VIVIAN HOLMES</b> 42 WILLOWOOD AVE. MT. VERNON, NY 10550
b Employer's FED ID number 16-1741079
7 State wages, tips, etc. 17814.41
17 State income tax 593.30
18 Local income tax

Federal	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2020</b>
OMB No. 1545-0008		

Copy C to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

## 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	24,167.36	24,167.36	24,167.36	24,167.36
Plus GTL (C-Box 12)	24.78	24.78	24.78	24.78
Less 401(k) (D-Box 12)	2,837.33	N/A	N/A	2,837.33
Less Other Cafeteria	2,930.40	2,930.40	2,930.40	2,930.40
Less ER PD Transportation	600.00	600.00	600.00	600.00
Reported W-2 Wages	17,814.41	20,651.74	20,651.74	17,814.41

## 2. Employee Name and Address.

**VIVIAN HOLMES**  
42 WILLOWOOD AVE.  
MT. VERNON, NY 10550

© 2020 ADP, Inc.

1 Wages, tips, other comp. 17814.41	2 Federal income tax withheld 694.92
3 Social security wages 20651.74	4 Social security tax withheld 1280.41
5 Medicare wages and tips 20651.74	6 Medicare tax withheld 299.45
d Control number 002508	Dept. Corp. Employer use only BOST/MZG 100302 L 265

e Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b> 57 E 57TH STREET NEW YORK NY 10022

1 Wages, tips, other comp. 17814.41	2 Federal income tax withheld 694.92
3 Social security wages 20651.74	4 Social security tax withheld 1280.41
5 Medicare wages and tips 20651.74	6 Medicare tax withheld 299.45
d Control number 002508	Dept. Corp. Employer use only BOST/MZG 100302 L 265

e Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b> 57 E 57TH STREET NEW YORK NY 10022

a/b Employee's name, address and ZIP code
<b>VIVIAN HOLMES</b> 42 WILLOWOOD AVE. MT. VERNON, NY 10550
b Employer's FED ID number 16-1741079
7 Social security tips
11 Nonqualified plans
14 Other
16 State Employer's state ID no. NY 16-1741079
17 State income tax 593.30
18 Local income tax

a/b Employee's name, address and ZIP code
<b>VIVIAN HOLMES</b> 42 WILLOWOOD AVE. MT. VERNON, NY 10550
b Employer's FED ID number 16-1741079
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18 Local income tax

1 Wages, tips, other comp. 17814.41	2 Federal income tax withheld 694.92
3 Social security wages 20651.74	4 Social security tax withheld 1280.41
5 Medicare wages and tips 20651.74	6 Medicare tax withheld 299.45
d Control number 002508	Dept. Corp. Employer use only BOST/MZG 100302 L 265

a/b Employee's name, address and ZIP code
<b>VIVIAN HOLMES</b> 42 WILLOWOOD AVE. MT. VERNON, NY 10550
b Employer's FED ID number 16-1741079
7 State wages, tips, etc. 17814.41
17 State income tax 593.30
18 Local income tax

1 Wages, tips, other comp. 17814.41	2 Federal income tax withheld 694.92
3 Social security wages 20651.74	4 Social security tax withheld 1280.41
5 Medicare wages and tips 20651.74	6 Medicare tax withheld 299.45
d Control number 002508	Dept. Corp. Employer use only BOST/MZG 100302 L 265

e Employer's name, address, and ZIP code
<b>HOTEL 57 SERVICES LLC</b> 57 E 57TH STREET NEW YORK NY 10022

b Employer's FED ID number 16-1741079	a Employee's SSN number [REDACTED]
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C   24.78
14 Other	12b D   2837.33 24.00 SDI 63.65 NY PFL 12c DD   15882.03 12d   13 Stat emp Ret plan 3rd party sick pay X
16 State Employer's state ID no. NY 16-1741079	18 State wages, tips, etc. 17814.41
17 State income tax 593.30	19 Local wages, tips, etc. 593.30
18 Local income tax	20 Locality name

a/b Employee's name, address and ZIP code
<b>VIVIAN HOLMES</b> 42 WILLOWOOD AVE. MT. VERNON, NY 10550
b Employer's FED ID number 16-1741079
7 State wages, tips, etc. 17814.41
17 State income tax 593.30
18 Local income tax

NY.State	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2020</b>
OMB No. 1545-0008		
NY.State	Filing	Copy
<b>W-2</b>	Wage and Tax Statement	<b>2020</b>
OMB No. 1545-0008		

Copy to be filed with employee's State Income Tax Return.

**Instructions for Employee**

**Box 1.** Enter this amount on the wages line of your tax return.  
**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 3.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959. **Box 8.** This amount includes the 1.45% Medicare Tax withheld on Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in Box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(c) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following lists explain the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,500 (\$13,500 if you only have SIMPLE plans), \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained

in Pub. 571). Deferrals under code G are limited to \$10,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$8,500 (\$3,000 for section 401(a)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 5 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Forms 1040 and 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—Uncollected social security or FRTA tax on tips.** Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.  
**B—Uncollected Medicare tax on tips.** Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

**C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)**

**D—Elective deferrals to a section 401(k) cash or deferred arrangement.** Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E—Elective deferrals under a section 403(b) salary reduction agreement**

**F—Elective deferrals under a section 408(k)(b) salary reduction SEP**

**G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan**

**H—Elective deferrals to a section 501(c)(15)(D) tax-exempt organization plan.** See the instructions for Forms 1040 and 1040-SR for how to deduct.

**J—Nonqualified sick pay (information only, not included in box 1, 3, or 5)**  
**K—20% excise tax on excess golden parachute payments.** See the instructions for Forms 1040 and 1040-SR.

**L—Substantiated employee business expense reimbursements (nontaxable)**

**M—Uncollected social security or FRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only).** See the instructions for Forms 1040 and 1040-SR.

**N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only).** See the instructions for Forms 1040 and 1040-SR.

**P—Excludable moving expense reimbursement paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)**

**Q—Nontaxable combat pay.** See the instructions for Forms 1040 and 1040-SR for details on reporting this amount.

**R—Employer contributions to your Archer MSA.** Report on Form 8888, Archer MSA and Long-Term Care Insurance Contracts.

**S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)**

**T—Adoption benefits (not included in box 1).** Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5).** See Pub. 526, Taxable and Nontaxable Income, for reporting requirements.

**W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account.** Report on Form 8889, Health Savings Accounts (HSAs).

**Y—Deferrals under a section 409A nonqualified deferred compensation plan**  
**Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A.** This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-SR.

**AA—Designated Roth contributions under a section 401(k) plan**

**BB—Designated Roth contributions under a section 409(b) plan**  
**DD—Cost of employer-sponsored health coverage.** The amount reported with code DD is not taxable.

**EE—Designated Roth contributions under a governmental section 457(b) plan.** This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF—Permitted benefits under a qualified small employer health reimbursement arrangement**

**GG—Income from qualified equity grants under section 83(j)**  
**HH—Aggregate deferrals under section 83(j) elections as of the close of the calendar year**

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the company's personnel allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include the amount reported by the employee in railroad retirement (RRTA) compensation.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

**NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

**IMPORTANT NOTE:**

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

<b>TAX RETURN</b>	
THIS FORM	OTHER W-2's
W-2	

**Notice to Employee**

**Do you have to file?** Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned Income Credit (EIC).** You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 598, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form

W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

**Credit for excess taxes.** If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

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HOTEL 57 SERVICES,LLC  
D/B/A FOUR SEASONS HOTEL, NEW YORK  
57 EAST 57TH STREET  
NEW YORK, N.Y. 10022

## Earnings Statement



Period Beginning: 12/18/2021  
Period Ending: 12/24/2021  
Pay Date: 12/30/2021

Taxable Marital Status: Married

Exemptions/Allowances:

Federal:	3
NY:	3

VIVIAN HOLMES  
42 WILDWOOD AVE.  
MT. VERNON NY 10550

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>	<u>year to date</u>	<u>Important Notes</u>
Severance Pay			500.00	5,500.00	YOUR COMPANY PHONE NUMBER IS 212-758-5700
<b>Gross Pay</b>			<b>\$500.00</b>	<b>5,500.00</b>	

<u>Deductions</u>	<u>Statutory</u>			
Federal Income Tax	-110.00		1,210.00	
Social Security Tax	-31.00		341.00	
Medicare Tax	-7.25		79.75	
NY State Income Tax	-68.90		757.90	
NY Paid Family Leave Ins	-2.56		28.16	
<b>Net Pay</b>	<b>\$280.29</b>			
Checking 1	-230.29		2,533.19	
Checking 2	-50.00		550.00	
<b>Net Check</b>	<b>\$0.00</b>			

Your federal taxable wages this period are \$500.00

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HOTEL 57 SERVICES ,LLC  
D/B/A FOUR SEASONS HOTEL, NEW YORK  
57 EAST 57TH STREET  
NEW YORK, N.Y. 10022

Advice number: 00000520042  
Pay date: 12/30/2021

Deposited to the account of	account number	transit	ABA	amount
VIVIAN HOLMES	[REDACTED]	[REDACTED]	[REDACTED]	\$230.29
	[REDACTED]	[REDACTED]	[REDACTED]	\$50.00

NON-NEGOTIABLE





April 30, 2020

Dear Four Seasons Family:

It is hard to believe that it has been more than a month since we made the difficult decision to temporarily suspend hotel operations and then shortly after, reopen to provide housing for the Health Care Professionals working on the front lines. During this time, our complete focus has been to provide you with as much information as possible and to continue to ensure the safety and well-being of our employees and guests.

Thank you for your continued patience as we work through these very challenging times. Please see below for the most recent updates.

**Hotel Operations**

As you are aware, on March 20, 2020, we made the difficult decision to temporarily suspend most of the hotel operations. Shortly thereafter, our owner Ty Warner asked us to re-open the hotel to provide housing for the medical staff dedicated to fighting this pandemic. Since our last communication to you, we have been in discussions with ownership regarding the extension of housing medical staff. Earlier this week it was determined that we would continue to provide complimentary housing for the medical community until **May 31, 2020**.

Additionally, the COVID-19 pandemic has continued to impact our business and the hospitality industry. With the social distancing guidelines and the stay-at-home orders still in place, it is necessary to extend the suspension of regular hotel operations until **June 15, 2020**. We will advise if this date is to be revised or extended.

Your safety and well-being remains at the center of our approach.

These are unprecedented times! Thank you for working together with us to help keep you and everyone else as safe as possible! If you have any questions or concerns do not hesitate to contact the Executive Committee, your Manager or the People & Culture team.

Warm Regards,

Elizabeth Ortiz

Director, People and Culture



May 22, 2020

Dear Four Seasons Family:

I hope that this brief message finds you and your loved ones safe and healthy. As we have continued to provide housing for the Health Care Professionals, we also remain aware of the various life changes that each of you may be going through. Our focus remains on continuing to provide you with as much information as we can.

In the last communication, which came from People and Culture on May 1, 2020, we indicated that we were looking at a potential re-open date of June 15, 2020. Since that time, our owner Ty Warner, has agreed to extend the complimentary housing for the Health Care Professionals through June 30, 2020.

In addition to that extension the social distancing guidelines and the stay-at-home orders still in place. Therefore, it is necessary to extend the suspension of regular hotel operations until July 15, 2020. We will advise if this date is to be revised or extended. We will continue to provide you with follow-up information as we receive it.

If you have any questions or concerns do not hesitate to contact the Executive Committee, your Manager or the People & Culture team. Your safety and well-being remains at the center of our approach.

Please know that our focus is to continue managing the business as best we can during this COVID-19 Pandemic.

I wish you and your families a good Memorial Day weekend! Stay safe and keep healthy!

Warm Regards,

A handwritten signature in black ink that reads "Rudy Tauscher".

Rudy Tauscher  
General Manager



June 22, 2020

Dear Four Seasons Family:

I hope that this brief message finds you and your loved ones safe and healthy. I want to take this opportunity to thank each one of you for your continued commitment and dedication to Four Seasons New York. This has certainly been a challenging time on so many levels but Four Seasons New York remains strong because of all of you. As we approach the summer season, I remain aware of the various life adjustments that each of you may be experiencing. We continue to remain focused on you and the Four Seasons New York.

With that said, my last communication to you on May 22, 2020 indicated that we would be extending the Health Care Professionals complimentary housing through June 30, 2020. With June 30<sup>th</sup> right around the corner, I wanted to let you know that all Health Care Professionals will be leaving by **June 30, 2020** and the program will discontinue.

Upon departure of the Health Care Professionals, we will temporarily be suspending most of our hotel operations. During this time, the hotel will continue to operate with a reduced staffing to maintain the building's safety and security. The upcoming schedules will reflect these changes.

Unfortunately, we will **NOT** be resuming normal hotel operations on July 15, 2020 as we had hoped. We are now looking at a late summer re-opening date and will share more information as we have it.

If you have any questions or concerns do not hesitate to contact the Executive Committee, your Manager or the People & Culture team. Your safety and well-being remains at the center of our approach.

Please know that our focus is to continue managing the business as best we can during this COVID-19 Pandemic and the aftermath.

I hope that you and your families had a delightful Father's Day weekend! Stay safe and keep healthy!

Warm Regards,

A handwritten signature in black ink that reads "Rudy Tauscher".

Rudy Tauscher  
General Manager



August 11, 2020

Dear Four Seasons Family:

I hope that this message finds you and your loved ones keeping safe and healthy. As you are aware, the Coronavirus is still active worldwide and specifically in New York. The global COVID-19 pandemic has forever changed our experiences—as guests, employees, citizens, humans—and our attitudes and behaviors are changing as a result.

In my last communication to you on June 22, 2020, I indicated that we would continue to delay our re-opening of the Hotel until late summer. As much as I want to provide you with clarity on a re-opening date, we are still navigating through a myriad of business challenges. As Governor Cuomo announced at the end of June, there are also new travel restrictions for all individuals travelling from states with high COVID-19 infection rates. As of today, 33 states meet the metrics for the travel advisory requiring individuals who have traveled to New York from those states to quarantine for 14 days. Additionally, key New York City events and attractions have been cancelled or there are extensive delays in re-opening.

At this juncture, we will need to adjust our re-opening date to **October 15, 2020**. We will continue to evaluate the landscape and will adjust the re-opening date based on federal, state and local regulations. I will send out regular announcements regarding any changes and I will provide you with as much notice as possible regarding a re-opening date.

I am grateful to each of you for your continued commitment and dedication. Four Seasons New York remains strong because of all of you.

If you have any questions or concerns do not hesitate to contact the Executive Committee, your Manager or the People & Culture team. Your safety and well-being remains at the center of our approach.

Stay safe and keep healthy!

Warm Regards,

A handwritten signature in black ink that reads "Rudy Tauscher".

Rudy Tauscher  
General Manager



October 5, 2020

Dear Four Seasons Family:

It is with regret that I announce the resignation of Michal Dederer, Hotel Manager for Four Seasons New York. Michal has been an integral member of the Four Seasons family for twenty years. In fact, we celebrated his Twentieth Work Anniversary on Friday, October 2, 2020.

Michal began his career with Four Seasons Prague in January 2000. For over 10 (ten) years, Michal garnered his experience at the Hotel in Prague in the Rooms division through the appointment to various roles. He began his employment as the Reservations Manager and progressed through the division with great success. He first served as the Assistant Front Office Manager, then Assistant Director of Housekeeping, Assistant Director of Rooms and ultimately was promoted into the role of Director of Rooms.

In 2012, Michal moved to the United States and Four Seasons Hotel Chicago to serve as the Director of Rooms. He held that position for two years. In 2014, he was promoted to the position of Resort Manager at Four Seasons Resort in Palm Beach, Florida. After which time, he joined the team in New York as Hotel Manager.

Since his arrival in New York, Michal has been a driving force behind the Evolve program and has been instrumental in developing positive employee relations through his involvement in a multitude of Four Seasons initiatives. In 2016, Michal was appointed the Rooms Operations Co-lead for the Americas and assisted the SVP of Rooms in leading the Americas Region with all Rooms initiatives.

On behalf of the entire Four Seasons New York family, I would like to thank him for his dedication and support. I understand and value his drive to continue to grow. Michal will remain in New York and will be joining an exciting new adventure outside of the industry.

Please join me in wishing Michal all the very best success in all his upcoming adventures! Our doors will always be open to him. His last day will be October 16, 2020.

Kind Regards,

A handwritten signature in black ink that reads "Rudy Taucher".

Rudy Taucher  
General Manager

57 EAST 57TH STREET • NEW YORK, NEW YORK 10022 U.S.A.  
TELEPHONE 212.758.5700 • FAX 212.758.5711 • [www.fourseasons.com](http://www.fourseasons.com)



December 3, 2020

Dear Four Seasons New York Family:

We hope you, your families and loved ones remain safe and healthy.

Throughout this pandemic, we have worked hard to ensure we are communicating with you as transparently as possible. We know this time of uncertainty is stressful and we appreciate your continued patience and support.

While the safety of our guests and employees is always our primary concern, the pandemic continues to create challenging market conditions for New York. Most major attractions remain closed while restaurants suffer from several limitations. Travel restrictions are still prohibitive requiring travelers from 45 states to quarantine for at least 4 days. In addition, Coronavirus is now surging in states across the country as well as in several markets abroad, a situation that is expected to continue into the winter months.

As such, we wanted to let you know that given the current situation and difficult market conditions that persist, the Hotel will remain temporarily closed with an anticipated re-opening date of late April 2021.

During this challenging time of an extended closure, we will remain available to support you and will continue to be in touch with updates. With that said, for any questions or concerns, please do not hesitate to contact People & Culture or me directly.

Please know I am truly grateful for your strength and endurance during these unprecedented times. We will emerge from this stronger and better.

Wishing you a safe and healthy Holiday Season! .

With kind regards,

A handwritten signature in black ink that reads "Rudy Tauscher". The signature is fluid and cursive, with "Rudy" on top and "Tauscher" below it.

Rudy Tauscher  
General Manager



March 25, 2021

Dear Four Seasons New York Family:

We hope that you, your family, and loved ones are all staying well.

We look forward to connecting with you next week at our Virtual Town Hall scheduled on **Wednesday, March 31<sup>st</sup> at 3PM**. Please look for an email inviting you to join the call. If you can and would like to join via video, we would love to see you.

Although we still have not confirmed a reopening date, we do want to connect and share relevant updates with you regarding the current situation in New York City, the state of travel, as well as the forecasted outlook.

The pandemic has caused difficult times and extraordinary circumstances. We never imagined that when we temporarily closed on March 20<sup>th</sup>, 2020 that we would still be closed a year later. We empathize with you on the hardship and impact this situation has had on all of our team members.

We do hope that the progress made over the last few months in New York and beyond continues and that we will be able to confirm a reopening date soon. In the meantime, we want to continue to be here for you.

If you have any questions or concerns, please do not hesitate to contact the People & Culture team.

Warm Regards,

A handwritten signature in black ink that appears to read "Elizabeth Ortiz".

Elizabeth Ortiz  
Director of People & Culture



June 25, 2021

Good Afternoon Four Seasons New York Family:

We hope that you, your family, and loved ones are all staying well!

We know everyone is keen to reopen our Hotel and begin welcoming back guests. At this time, we will continue to remain closed, as the Hotel will be undergoing substantial infrastructure and maintenance work that is expected to last well into 2022. We will reassess our reopening plans in the early Spring of 2022 based upon the progress of this work.

Upon reopening, we are committed to recalling employees, as business levels rebound.

We have scheduled a Virtual Town Hall for this afternoon at 3pm. A reminder will be sent shortly.

We remain available for any questions you may have!

Warm Regards,

A handwritten signature in black ink that appears to read "Elizabeth Ortiz".

Elizabeth Ortiz.  
Director, People and Culture



Effective November 1, 2021, Alexandra Erbitti will permanently be located at Four Seasons Downtown. During her transition to Assistant Director of People and Culture for the Four Seasons Downtown, Alex has continued to support the Midtown property on a consistent and regular basis. She has been a tremendous support to this property since she was hired on June 5, 2017. In her role first as Learning and Development Manager and then as the Assistant Director of People and Culture, Alex played a paramount role in connecting with employees and working to develop our culture. Her support to the midtown property and employees during the last 18 months has been remarkable. I am truly grateful to the support she has shown me in my transition as well over the last two years. Please join me in wishing her the very best in her role at the Four Seasons Downtown.

Moving forward, please direct all People and Culture inquiries directly to me at [Elizabeth.Ortiz@fourseasons.com](mailto:Elizabeth.Ortiz@fourseasons.com) or you can reach me on my cell phone at 347.899.5276.

Thank you!

Warmest Regards, Elizabeth Ortiz

We hope this Monthly Communication finds everyone continuing to be safe and well! Many of you have been reaching out recently inquiring if there is any update or information on the hotel. The information which was shared during the Virtual Town Hall and in subsequent communication in June of 2021 remains consistent. At this time, we will continue to remain closed as the Hotel will be undergoing substantial infrastructure and maintenance work that is expected to last well into 2022. We will reassess our reopening plans in the early spring of 2022 based upon the progress of this work.

We really appreciate staying connected with you and have loved hearing from you and seeing some of you. We are grateful to those of you who have joined some of our Community Outreach events! We are planning to return to the New York Harm Reduction Educators & Washington Heights Corner Project. 104-106 East 126th Street New York New York 10035. We are looking for volunteers to join us as we assemble a variety of Harm Reduction Kits on December 1st from 10AM-12PM. Please reach out to Sharon directly if you are interested in joining us or learning more about this Outreach Opportunity. Email [sharon.brambrut@fourseasons.com](mailto:sharon.brambrut@fourseasons.com) or send a text message 347-835-2822.

Please find the November 2021 Birthdays and Anniversaries. As always please reach out to let us know if you have any feedback and if there is any other information you would like to have included in our communication!

Wishing you and your families a Happy & Safe Halloween Weekend!

NOVEMBER MONTHLY  
COMMUNICATION

Contributors:

Elizabeth Ortiz, Alexandra Erbitti, and Sharon Brambrut

# NOVEMBER BIRTHDAYS

<u>NAME</u>	<u>DEPARTMENT</u>	<u>DATE</u>
Zadkiel Amnah-Tagoe	Stewarding	11/1/2021
Elizabeth Opoku-Yeboah	Housekeeping	11/1/2021
Shahid Ahmed	Laundry	11/2/2021
Frank Thompson	Valet	11/2/2021
Angel Tarrats	Security	11/3/2021
Mustapha Lakbiri	Concierge	11/4/2021
Aneisha George	Culinary	11/6/2021
Yvonne Maldonado	Housekeeping	11/6/2021
Barbara Paru	Sales	11/8/2021
Antonio Ramos	Room Service	11/12/2021
Milton Ahmed	The Garden	11/14/2021
Leslie Howard	Stewarding	11/16/2021
Alex Zagreb	Guest Services	11/16/2021
Claudette Alliance	Housekeeping	11/18/2021
Jimmy Tong	Ty Bar	11/19/2021
Johannes Schaafsma	Concierge	11/20/2021
Nana Kusi-Minkah	Valet	11/21/2021
Roberto Collado	Ty Bar	11/22/2021
Caridad Hernandez	Housekeeping	11/23/2021
Hua Chen	Housekeeping	11/23/2021
Owen Norman	Culinary	11/23/2021
Min Jiang	Finance	11/26/2021
Phuntsok Tsomo	Housekeeping	11/27/2021
Mei Zhong	Laundry	11/27/2021
Wai Kan Lo	Housekeeping	11/27/2021
Awura Ama Gyekye	Housekeeping	11/27/2021
Petruta Muset	Banquet	11/28/2021

# November Anniversaries

NAME	DEPARTMENT	HIRE DATE	SERVICE YEARS
CHRISTINE BROWN	THE BAR	11-6-2021	12 YEARS
CHRISTINE COLE	HOUSEKEEPING	11-1-2021	7 YEARS
CHRISTINE HANLEY	HOUSEKEEPING	11-3-2021	18 YEARS
CHRISTINA SAWYER ANSLEY	HOUSEKEEPING	11-3-2021	27 YEARS
CHRISTIE CAGATIURE	HOUSEKEEPING	11-4-2021	18 YEARS
CHRIS LARA HAMMOO	ROOM SERVICE	11-5-2021	26 YEARS
CHRISTINA STALEY	RESERVATIONS	11-5-2021	14 YEARS
CHRISTY ONG	HOUSEKEEPING	11-6-2021	3 7/8 YEARS
CHRISTY TANG	VALET	11-6-2021	24 YEARS
CHRISTY WENGE	CONCIERGE	11-7-2021	15 YEARS
CHRISTIE RIVERA	HOUSEKEEPING	11-9-2021	7 YEARS
CHRISTIANA STALEY	STEWARDING	11-10-2021	22 YEARS
CHRISTIN CALLEN	RESERVATIONS	11-10-2021	7 YEARS
CHRISTY REIFEL	VALET	11-11-2021	23 YEARS
CHRISTY ROSE	HOUSEKEEPING	11-11-2021	18 1/2 YEARS
CHRISTY STALEY	HOUSEKEEPING	11-11-2021	18 YEARS
CHRISTY TAYLOR	THE BAR	11-11-2021	8 1/2 YEARS
CHRISTY VILLENA	FINANCE	11-11-2021	8 1/2 YEARS
CHRISTIANA JELLINE	COAS CHECK	11-13-2021	16 YEARS
CHRISTIANA CLARKSON	COAS CHECK	11-13-2021	16 YEARS
CHRISTIANE LAJONI	FRX	11-13-2021	16 YEARS
CHRISTEL ALFOMBO	CONCIERGE	11-13-2021	10 YEARS
CHRISTIAN GARCIA	STEWARDING	11-13-2021	17 YEARS
CHRISTIANA CHILAR	THE GARDEN	11-23-2021	12 1/2 YEARS
CHRISTIANNE STALEY	HOUSEKEEPING	11-23-2021	11 YEARS
CHRISTIANNE STALEY	THE GARDEN	11-23-2021	22 YEARS
CHRISTIANNE STALEY	HOUSEKEEPING	11-23-2021	22 YEARS
CHRISTIANNE STALEY	RESERVATIONS	11-23-2021	12 YEARS
CHRISTIANNE STALEY	GUEST SERVICES	11-24-2021	5 YEARS
CHRISTIANNE STALEY	THE GARDEN	11-28-2021	10 YEARS
CHRISTIANNE STALEY	HOUSEKEEPING	11-30-2021	12 YEARS



Re: The American Rescue Plan Act of 2021 – Important COBRA Subsidy Information

April 29, 2021

Dear Four Seasons Team Member,

I want to inform you of an upcoming change to the status of your benefits that allows you to receive health benefits coverage at no cost to you until September 30, 2021. This "COBRA Subsidy" is a result of the recently signed American Rescue Plan Act of 2021 (ARPA), which provides no-cost benefits coverage to individuals until September 30, 2021, and provides employers with corresponding tax credits for making coverage available.

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a health insurance program that provides eligible employees and their dependents with the continued benefits of health insurance coverage when an employee loses their job or experiences a reduction of work hours (in this specific case it does not include domestic partners – please see below on steps to take).

To be able to take advantage of the COBRA subsidy the status of your benefits will change through administration with the Four Seasons Benefits Center effective May 1, 2021. Your People & Culture team will communicate with you during the week of May 3<sup>rd</sup> to let you know the system is open for enrollment. Until then, please stand by and await this communication.

Your current benefits will not be affected but you will need to take action to ensure your insurance continuation. Although you will have 60 days from May 1 to elect COBRA, if you do not complete your enrollment by May 13<sup>th</sup> your coverage may temporarily lapse until your enrollment is complete. During this time you can continue to use your current insurance with your current insurance cards. The change in status to your benefits will trigger a "COBRA" qualifying event and our third-party administrator Businessolver (known as the My Four Seasons Benefits Center) will send you a letter explaining the change. Later, you will also receive a letter from the Four Seasons Benefits Center which will explain the COBRA enrollment process, deadlines of when you must make your election and instructions on how to sign up for COBRA coverage. Please do not wait for this letter to enroll in coverage. The plans offered will be the exact same coverage that you currently have and your annual deductibles will carry over into the COBRA coverage.

Once you have enrolled in coverage, you will not be billed or asked to provide payment based on this temporary subsidy provided by the ARPA through September 30, 2021.

Below please find answers to some frequently asked questions, but please also connect directly with the People & Culture team at [AskPC.NewYork@fourseasons.com](mailto:AskPC.NewYork@fourseasons.com) if you have any follow-up questions.

We hope that this will bring you some financial relief over the next few months.

Thank you for your continued commitment during these challenging times.

Sincerely,

A handwritten signature in black ink that appears to read "Elizabeth Ortiz".

Elizabeth Ortiz

Director of People & Culture

Frequently Asked Questions (FAQ's)

**What is the COBRA subsidy?**

It is a part of the recently approved American Rescue Plan Act of 2021 that was passed in March 2021. It provides eligible employees with fully covered COBRA health benefits through September 30, 2021.

**What COBRA Subsidy benefits are available to eligible Four Seasons employees?**

Five months of fully covered benefits from May 1 to September 30, 2021 at no cost to the employee.

**What will happen after September 30 when the COBRA subsidy ends?**

At the end of the subsidy period, if business has not fully returned and you have not been recalled to work, you may continue coverage through COBRA. You will be responsible for all COBRA payments after September 30, 2021.

**What do I need to do right now to enroll in the COBRA Subsidy?**

As soon as you receive an email from your People & Culture Team (Week of May 3rd) with a link to the My Four Seasons Benefits Center, go to the site and enroll before May 13.

**For eligible employees currently on furlough who elect COBRA now for the 1<sup>st</sup> time, when will COBRA benefits end?**

COBRA benefits generally last up to 18 months. In this situation COBRA would end no later than October 31, 2022 as long as timely monthly payments are made (at this time the no-cost coverage ends on September 30, 2021).

**How do I sign up for COBRA?**

You will receive a letter in the mail from the My Four Seasons Benefits Center. If you do not receive it by the end of May, please contact 1-866-672-0435. You can enroll by completing the COBRA election form and subsidy attestation form and returning it to the Benefits Center directly or by logging onto the My Four Seasons Benefits Center website at [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com).

**How long do I have to elect COBRA coverage?**

You have up to 60 days to decide if you want this no-cost benefit. Should you elect coverage, your effective date of the COBRA subsidy will be retroactive to May 1, 2021.

**What if I decide not to elect COBRA coverage can I change my mind later?**

In order to participate in the COBRA subsidy, you must elect COBRA continuation within 60 days of receipt of the relevant notice. Otherwise you forfeit your right to COBRA continuation coverage and the subsidy. Due to the COVID-19 National Emergency, you can still elect COBRA continuation at a later date but you will not be eligible for the COBRA subsidy.

**How do I pay for COBRA?**

If you sign up for COBRA you do not pay anything up to September 30, 2021. Starting October 1, 2021 (if you have not been recalled by September 30, 2021) you will pay 102% of the cost of the insurance plans for which you are enrolled. The 2% is an administrative fee retained by our third-party benefits administrator, Businessolver.

**Does my insurance coverage change in any way?**

No, under COBRA you maintain your current insurance plans.

**What should I do if I have an emergency need to see a medical provider or fill a prescription during the period when I am enrolling for COBRA?**

Above all, please ensure you can still seek medical care should you be in an emergency situation.

During the temporary, interim period while you are electing COBRA and coverage is being activated, you may need to temporarily pay for office visits or prescriptions up front and submit for reimbursement. Should you have urgent medical needs, please contact your People & Culture Team who can assist you with expediting coverage under COBRA.

**Is there an alternative to COBRA?**

Yes, you can source insurance through other providers including the Healthcare Marketplace, however you will need to pay for it.

**Will I be fully responsible for the cost of COBRA (102% of the cost of the insurance) after October 1 if I have not been recalled to work?**

Yes, you will have the option to continue on COBRA or you can seek less expensive insurance through the Health Insurance Marketplace or other available options. Note: COBRA is available for a maximum of 18 consecutive months based on timely monthly payments submitted to the Four Seasons Benefits Center. Once COBRA has been waived or a payment has been missed, it cannot be restarted.

**Who is eligible for the 5 months of no-cost benefits coverage?**

Employees who are currently on Four Seasons benefits and remain on furlough. Unfortunately, Domestic Partners are not covered by the COBRA subsidy (see below).

**What will happen to the domestic partner coverage?**

Under the ARPA COBRA subsidy rules, Domestic Partners are not eligible for the subsidy. Therefore, COBRA participants with Domestic Partner coverage will be enrolled in a separate individual plan during the subsidy period from April 1 – September 30, 2021. For example, if someone is currently enrolled in the COBRA Employee + Domestic Partner coverage, the Business Center will enroll the employee in a separate single COBRA plan (the employee is subsidy eligible), and the Domestic Partner will be enrolled in their separate individual plan and the Domestic Partner will have to pay the single COBRA premium during the subsidy period. At the end of the COBRA subsidy period, the coverage will revert back to Employee + Domestic Partner.

**Does this mean that my employment has been terminated from Four Seasons?**

**No, your employment status does not change based upon this COBRA event.**

**Will the Employee Assistance Program (EAP) still be available to me?**

**Since you remain an active employee, on furlough, you are still eligible to take advantage of our Employee Assistance Program (EAP) benefits.**

**Four Seasons (c/o Businessolver, Inc.)**  
ATTN: COBRA Administration  
1025 Ashworth Road, Suite 101  
West Des Moines IA 50265



**To the Family of:**  
Vivian Holmes  
42 Wildwood Ave.  
Mt. Vernon, NY 10550

**Notice Date: May 07, 2021**

**IMPORTANT – COBRA CONTINUATION COVERAGE & OTHER HEALTH COVERAGE ALTERNATIVES**

You're getting this notice because you recently lost coverage under Four Seasons group health plan ("the Plan"). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. Please read the information in this notice very carefully before you make your decision.

Some individuals are eligible for temporary premium assistance under the American Rescue Plan Act of 2021 (ARP). To determine if you are eligible for COBRA premium assistance under the ARP, carefully review this notice and the attached document titled Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021. If you are eligible, login to [fabenefits.fourseasons.com](http://fabenefits.fourseasons.com) to request premium assistance and enroll following the steps outlined below.

If you are not eligible for premium assistance, and would still like to elect COBRA, complete the following steps below.

**IT TAKES JUST THREE EASY STEPS TO REVIEW AND ENROLL IN YOUR COBRA COVERAGE OPTIONS ONLINE:**

1. **Go to [fabenefits.fourseasons.com](http://fabenefits.fourseasons.com)** and log in with your username and password. If you don't know them, select **Register** then provide your company key (**fourseasons**), your Social Security Number and your Date of Birth.
2. **Review and make your COBRA elections.** The online enrollment process makes it easy to select the coverage you're eligible for and request premium assistance under ARP. Please note, if you are a dependent electing coverage for yourself only, you will need to complete and return the attached enrollment form. Once enrolled, you will be able to login to [fabenefits.fourseasons.com](http://fabenefits.fourseasons.com) and create your online account.
3. **Choose the payment method you want.** Please note, if you are an Assistance Eligible Individual under ARP, you will not be required to make a payment for assistance-eligible plans until your premium assistance ends.
  - a. **Pay Online** – Provide your preferred payment method and account information. You can set up automatic monthly payments and avoid the usual \$2.00 monthly convenience fee.
  - b. **Pay by Check** – Make your check payable to **Four Seasons**.

Coverage provided by Four Seasons to you and/or your covered dependent(s) ends on 04/30/2021 due to the qualifying event marked below:

QUALIFYING EVENT	COBRA EFFECTIVE DATE	DURATION OF COVERAGE
Involuntary Reduction of Work Hours	05/01/2021	18 months

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

Vivian Holmes

**¿TIENE PREGUNTAS SOBRE ESTA INFORMACIÓN O DESEA RECIBIR ESTE AVISO EN ESPAÑOL?**

Por favor, póngase en contacto con Businessolver, Inc. en 866-672-0435. Los representantes están disponibles de lunes a viernes durante el horario comercial normal.

This notice has important information about your right to continue your health care coverage under the Plan, as well as other health coverage options that may be available to you, including coverage through Medicaid or the Health Insurance Marketplace. To sign up for Marketplace coverage, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325). People in most states use [www.HealthCare.gov](http://www.HealthCare.gov) to apply for and enroll in health coverage; if your state has its own Marketplace platform, you can find contact information here: [www.HealthCare.gov/marketplace-in-your-state/](http://www.HealthCare.gov/marketplace-in-your-state/).

Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should enroll online at [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com) or use the Election Form provided later in this notice.

#### **THE AMERICAN RESCUE PLAN ACT OF 2021**

The American Rescue Plan Act of 2021 (ARP) provides temporary premium assistance for COBRA continuation coverage. Premium assistance is available to certain individuals who are eligible for COBRA continuation coverage due to a qualifying event that is a reduction in hours or an involuntary termination of employment. If you qualify for the premium assistance, you may not need to pay any of the COBRA premium otherwise due to the Plan for the months when you are eligible for premium assistance. Some coverages are not eligible for premium assistance, such as a health flexible spending arrangement (FSA). **This premium assistance is available from April 1, 2021, through September 30, 2021.** If you choose to continue your COBRA continuation coverage beyond that date, you may have to pay the full COBRA premium amount due. However, when your premium assistance ends, you may qualify for a special enrollment period to enroll in coverage through the Health Insurance Marketplace (see section on "other coverage options" below).

To determine whether you are eligible for COBRA premium assistance under the ARP, carefully review this notice and the attached document titled "Summary of the COBRA Premium Assistance Provisions under the American Rescue Plan Act of 2021". If you believe you are an eligible individual and want to elect COBRA continuation coverage with temporary premium assistance, login to [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com) to complete the "Request for Treatment as an Assistance Eligible Individual" online or complete the enclosed form and mail it to the COBRA Administrator with your completed Election Form, or separately, if you are currently enrolled in COBRA continuation coverage.

#### **GENERAL COBRA INFORMATION**

Federal Law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there is a "qualifying event" that would result in a loss of coverage under the Plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, the covered employee's spouse, and/or dependent children of the covered employee. Continuation coverage is the same coverage the Plan gives to active employees. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

#### **WHAT'S COBRA CONTINUATION COVERAGE?**

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

#### **WHO ARE THE QUALIFIED BENEFICIARIES?**

Each person ("qualified beneficiary") listed on the Election Form below may be able to elect COBRA continuation coverage. COBRA continuation coverage is available to all qualified beneficiaries from 05/01/2021 to 10/31/2022 (the end of the maximum period). Dependents not covered at the time of the qualifying event may be added only during Open Enrollment, if HIPAA special enrollment applies, or a status change event occurs to establish a right to enroll.

Only one of you needs to elect COBRA continuation coverage for your spouse and dependent child(ren), if any, who wish to continue coverage. (Please note, a parent or legal guardian (regardless of whether they are a qualified beneficiary) may elect COBRA continuation coverage on behalf of a minor child, as applicable.) Furthermore, because COBRA gives you the right to elect coverage independently, you, your spouse or dependent child(ren), if any, may elect single coverage and not include those individuals who do not wish to continue coverage. However, you may not decline coverage on behalf of your spouse or non-minor child.

Continuation coverage for a qualified beneficiary will be terminated before the end of the maximum period, if:

1. the required premium is not paid in full, on time;
2. after electing continuation coverage, the qualifying beneficiary becomes covered under another group health plan;
3. after electing continuation coverage, the qualified beneficiary becomes entitled to Medicare (under Plan A, Plan B, or both); or
4. the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).



**ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Additionally, you may apply for and, if eligible, enroll in Medicaid at any time. If you are not eligible for premium assistance under the ARP, some of these options may cost less than COBRA continuation coverage. If you are eligible for other group health coverage, such as through a new employer's plan or a spouse's plan (not including excepted benefits, a qualified small employer health reimbursement arrangement (QSEHRA), or a health flexible spending arrangement (FSA)), or if you are eligible for Medicare, you are not eligible for ARP premium assistance. However, if you have individual health insurance coverage, like a plan through the Marketplace, or if you have Medicaid, you may be eligible for ARP premium assistance if you elect COBRA continuation coverage. Note, however, that you will not be eligible for a premium tax credit, or advance payments of the premium tax credit, for your Marketplace coverage for months you are enrolled in COBRA continuation coverage and you may not be eligible for months during which you remain an employee but are eligible for COBRA continuation coverage with premium assistance because of a reduction of hours. If you're eligible for Medicare, consider signing up during its special enrollment period to avoid a coverage gap when your COBRA coverage ends and a late enrollment penalty.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible. Also, keep in mind that if you elect COBRA continuation coverage with premium assistance, then you may qualify for a special enrollment period to enroll in Marketplace coverage when your premium assistance ends. You may use the special enrollment period to enroll in Marketplace coverage with a tax credit if you end your COBRA continuation coverage when your premium assistance ends and you are otherwise eligible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option until the next available open enrollment period.

**IF I ELECT COBRA CONTINUATION COVERAGE, WHEN WILL MY COVERAGE BEGIN AND HOW LONG WILL COVERAGE LAST?**

If elected, COBRA continuation coverage will begin on 05/01/2021 and can last until 10/31/2022. If your COBRA qualifying event was the employee's reduction in hours or involuntary termination of employment, you may be eligible for ARP premium assistance from the later of April 1 or your COBRA continuation coverage begin date (through September 30, 2021). You may elect any of the options for COBRA continuation coverage listed within the Election Form below.

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or if you become covered under another group health plan.

Note, due to the COVID-19 National Emergency, the Department of Labor, the Department of the Treasury, and the Internal Revenue Service issued a Notice of Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak ("Joint Notice"). This notice provided relief for certain actions related to employee benefit plans required or permitted under Title I of ERISA and the Code, including the 60-day initial election period for COBRA continuation coverage. The Department of Labor's Employee Benefits Security Administration (EBSA) provided further guidance on this relief in EBSA Disaster Relief Notice 2021-01. The extended deadline relief provided in the Joint Notice and Notice 2021-01 does not apply, however, to the 60-day election period related to COBRA premium assistance under the ARP. Potential Assistance Eligible Individuals therefore must elect COBRA continuation coverage within 60 days of receipt of the relevant notice or forfeit their right to elect COBRA continuation coverage with premium assistance.

However, a potential Assistance Eligible Individual has the choice of electing COBRA continuation coverage beginning April 1, 2021, or after (or beginning prospectively from the date of your qualifying event if your qualifying event is after April 1, 2021), or electing COBRA continuation coverage commencing from an earlier qualifying event if you are eligible to make that election, including under the extended time frames provided by the Joint Notice. The election period for COBRA continuation coverage with premium assistance does not cut off an individual's preexisting right to elect COBRA continuation coverage, including under the extended timeframes provided by the Joint Notice and EBSA Disaster Relief Notice 2021-01.

**CAN I EXTEND THE LENGTH OF COBRA CONTINUATION COVERAGE?**

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify Businessolver, Inc. of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, you will lose your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>.

***Disability***

An 11-month extension of coverage may be available if any of the qualifying beneficiaries are determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

This notice must be mailed to the COBRA Administrator at the address provided in this notice. The notice must be received within 60 days after the latest of:

1. the date of the SSA disability determination;
2. the date on which the qualifying event occurred;
3. the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of work hours; or
4. the date on which the qualified beneficiary is informed of the obligation to provide the disability notice.

Regardless of the 60-day deadline described above, your notice must be provided no later than 18 months after your COBRA coverage began or you will not be eligible for a disability extension.

Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify Businessolver, Inc. of that fact at the address below within 30 days after SSA's determination. COBRA coverage will terminate (retroactively, if applicable) on the first day of the first month that begins at least 30 days after the date of the SSA determination that the qualified beneficiary is no longer disabled or the end of the maximum coverage period that applies to the qualified beneficiary without regard to the disability extension.

#### **Second Qualifying Event**

An 18-month extension of coverage may be available to spouses and dependent children who maintain continuation coverage if a second qualifying event occurs within the first 18-months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits under Part A, Part B, or both, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events *may* be second qualifying events *only* if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. If you want to extend your continuation coverage you must notify Businessolver, Inc. at the address below of the event within 60 days starting from the latest of: (1) the date on which SSA issues the disability determination; (2) the date on which the qualifying event occurs; (3) the date on which the qualified beneficiary loses (or would lose) coverage under the Plan as a result of the qualifying event; or (4) the date on which the qualified beneficiary is informed, through the furnishing of the SPD or the COBRA general notice, of the responsibility to notify the Plan and the procedures for doing so.

Second Qualifying Event documentation must be mailed to the Businessolver, Inc. at the address provided in this notice.

#### **HOW MUCH DOES COBRA CONTINUATION COVERAGE COST?**

Please review the Election Form for details of COBRA continuation cost.

The ARP reduces the COBRA premium to zero in some cases. If you qualify as an "Assistance Eligible Individual" under the ARP, the monthly premium cost will be zero through September 30, 2021.

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment will be provided to you after the Election Form is received by the Plan. Important information about paying your premium can be found in this notice. Please note, premiums are subject to change.

You may qualify for a special enrollment period to enroll in Marketplace coverage when your COBRA continuation coverage and/or your premium assistance ends. You may be able to get coverage through Medicaid or the Health Insurance Marketplace®. You can learn more about the Marketplace below.

#### **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a subsidy that lowers your monthly premiums and for cost-sharing reductions (that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your subsidized premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Under the ARP, individuals and families may be eligible for a temporary increase in their premium tax credit, and advance payments of the premium tax credit, for this year, with no one who is eligible paying more than 8.5% of their household income towards the cost of the benchmark plan or a less expensive plan for plan years 2021 and 2022. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). People in most states use HealthCare.gov to apply for and enroll in Marketplace coverage; if your state has its own Marketplace platform you can find contact information for your State Marketplace at the web address below.

Health Insurance Marketplace: <https://www.healthcare.gov>

State-based Marketplace: <https://www.healthcare.gov/Marketplace-in-your-state/>

Medicaid: <https://www.healthcare.gov/do-i-qualify-for-medicaid>

Children's Health Insurance Program (CHIP): <https://www.healthcare.gov/are-my-children-eligible-for-chip>

Being offered COBRA continuation coverage won't limit your eligibility for Medicaid. It also won't limit your eligibility for Marketplace coverage or for a subsidy through the Marketplace, if you are a former employee of the employer offering the coverage. But you won't be eligible for a subsidy or a tax credit during any month that you're enrolled in COBRA continuation coverage. Therefore, if you want to use a special enrollment period to enroll in Marketplace coverage with a subsidy or a tax credit, you must end your COBRA continuation coverage before your Marketplace coverage starts. Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage.

If you are currently employed by the employer offering the COBRA continuation coverage with premium assistance, you may enroll in Marketplace coverage but you may be ineligible for a subsidy or a premium tax credit for the Marketplace coverage for the period you are offered the COBRA continuation coverage with premium assistance.

#### **WHEN CAN I ENROLL IN MARKETPLACE COVERAGE?**

Marketplace-eligible consumers can enroll in Marketplace coverage if they qualify for a special enrollment period. For example, Marketplace-eligible consumers always have 60 days from the time they lose your job-based coverage to enroll in the Marketplace, or they can apply up to 60 days beforehand if they know they'll lose coverage ahead of time. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, Marketplace-eligible consumers can enroll from November 1 – December 15 in Marketplace coverage that starts on January 1. Finally, they may apply for and, if eligible, enroll in Medicaid coverage at any time.

Note that due to COVID-19, for Marketplaces that use HealthCare.gov, all Marketplace-eligible consumers who are submitting a new application or updating an existing application can access a special enrollment period available through the HealthCare.gov platform from February 15 through August 15 of 2021. For more information, please see: [www.HealthCare.gov/sep-lsav](http://www.HealthCare.gov/sep-lsav). Marketplace-eligible consumers in states with Marketplaces that do not use the HealthCare.gov platform should consult their Marketplace to find out whether they have a special enrollment period available to them. If your state has its own Marketplace platform you can find contact information for your State Marketplace here: [www.HealthCare.gov/marketplace-in-your-state/](http://www.HealthCare.gov/marketplace-in-your-state/).

Additionally, under the ARP, individuals and families may be eligible for a temporary increase in their premium tax credit and advance payment of the premium tax credit for 2021 and 2022, with no one who is eligible paying more than 8.5% of their household income towards the cost of the benchmark plan or a less expensive plan.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](http://www.HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period). If your state has its own Marketplace platform, you can find contact information for your State Marketplace here: <http://www.HealthCare.gov/marketplace-in-your-state/>. Note, you may apply for and, if eligible, enroll in Medicaid coverage at any time.

#### **IF I SIGN UP FOR COBRA CONTINUATION COVERAGE, CAN I SWITCH TO COVERAGE IN THE MARKETPLACE? WHAT ABOUT IF I CHOOSE MARKETPLACE COVERAGE AND WANT TO SWITCH BACK TO COBRA CONTINUATION COVERAGE?**

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also choose to end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." You may use the special enrollment period to enroll in Marketplace coverage with a tax credit if you end your COBRA continuation coverage when your premium assistance ends and you are otherwise eligible. But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended and no other qualifying events apply. For more information on COBRA continuation coverage and the Marketplace, see [www.HealthCare.gov/unemployed/cobra-coverage](http://www.HealthCare.gov/unemployed/cobra-coverage).

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

#### **CAN I ENROLL IN ANOTHER GROUP HEALTH PLAN?**

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

#### **CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

1. The month after your employment ends; or
2. The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

You must notify Businessolver, Inc. in writing within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage. Correspondence can be mailed to your COBRA Administrator at the address noted in this notice.

COBRA coverage is subject to termination retroactive to the date (after your COBRA election date) when the qualified beneficiary becomes entitled to Medicare or becomes covered under other group health coverage, regardless of when notice of other coverage is provided.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>, or, for more specific information regarding the Plan, contact your Plan Administrator.

#### **WHAT FACTORS SHOULD I CONSIDER WHEN CHOOSING COVERAGE OPTIONS?**

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage (or up to 150% of total plan premiums after 18 months if you choose to extend the COBRA continuation coverage period beyond 18 months due to the disability of a qualified beneficiary) if you are not eligible for premium assistance under the ARP. If you are eligible for premium assistance under the ARP, your plan can charge this amount if you continue your COBRA continuation coverage beyond September 30, 2021. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments. You may also want to consider whether you have met your deductible or maximum out-of-pocket limit under your COBRA continuation coverage.

#### **FOR MORE INFORMATION**

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in the summary plan description or from Four Seasons (the "Plan Administrator").

If you have any questions about the information in this notice or your rights to COBRA continuation coverage, you should contact the COBRA Administrator:

Four Seasons (c/o Businessolver, Inc.)  
P.O. Box 310512  
Des Moines, IA 50391-0512  
866-672-0435

If you have questions about the Plan or would like to request a copy of the Plan's summary plan description, you should contact your Plan Administrator:

Four Seasons  
1165 Leslie St  
Toronto, Ontario M2C 2K8  
866-672-0435

For more information about your rights under the Employment Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at <https://www.dol.gov/agencies/ebsa> or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assistor in your area who you can talk to about the different options, visit [www.healthcare.gov](http://www.healthcare.gov).

#### **KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES**

In order to protect you and your family's rights, you should keep the COBRA Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the COBRA Administrator or Plan Administrator.

#### **IMPORTANT INFORMATION ABOUT PAYMENT**

The following payment information is relevant for individuals who are not eligible for the premium assistance under the ARP:

##### ***First Payment for Continuation Coverage***

If you elect COBRA you should pay the total premium due at the time you send in the Election Form in order to complete your enrollment and continue your coverage. Although you are not required to send any payment with the Election Form, you must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked if sent by mail or the date you complete your online enrollment). **If you do not make your first payment in full within 45 days after the date of your election, you will lose all continuation coverage rights under the Plan.** You're responsible for making sure that the amount of your first payment is correct. You may contact the COBRA Administrator to confirm the correct amount of your first payment using the contact information provided within this notice.

**IMPORTANT: Your first payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month in which you make your first payment.**

*For example, Employee A's employment terminates on September 30<sup>th</sup>, and they lose coverage on September 30<sup>th</sup>. Employee A then elects COBRA coverage on November 15<sup>th</sup>. The initial premium payment Employee A sends in must include the premium amount for October and November and is due on or before December 30<sup>th</sup>, (the 45<sup>th</sup> day after the postmarked date on the COBRA Election Form.) Also, please note that Employee A's December premium is due December 1<sup>st</sup> and that premium must be postmarked by December 31<sup>st</sup> for it to be considered timely.*

##### ***Periodic Payments for Continuation Coverage***

After your first payment for COBRA continuation coverage, subsequent payments for continuation coverage are due on the first day of each month of coverage. The date your payment is made is determined by the postmark on the envelope (e.g. May premiums must be postmarked on or before May 31, *see grace period described below*). The amount due is listed on the enclosed Election Form. Please make a copy of this for your records. The COBRA administrator provides billing periodic notices of payments due, but, **as a COBRA participant, it is your responsibility to remit payments on a timely basis.** If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break.

**Checks returned for insufficient funds or checks that otherwise cannot be cashed are considered non-payment of premium and a replacement premium payment must be received by the end of the 30-day grace period (see the next paragraph) or coverage will terminate back to the end of the last fully paid period and you will lose all rights to COBRA coverage under the Plan.** You may not be notified that a payment was returned due to insufficient funds until after the end of your grace period and after your COBRA coverage terminates. Once your COBRA coverage terminates, it will not be reinstated. Therefore, it is your responsibility to ensure funds are available to cover the required premium and, if a check is returned by the bank, to ensure a replacement check is submitted within the appropriate timeframe.

##### ***Grace Periods for Periodic Payments***

Although periodic payments are due on the first of the month, you will be given a grace period of 30 days from the payment due date, except as previously described regarding your initial payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. **If you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.**

If you fail to make a periodic payment before the end of the grace period for the coverage period, you will lose all rights to continuation coverage under the Plan.

Your first payment and all periodic payments for continuation coverage should be made payable to **Four Seasons**.

Please mail payments to:

Four Seasons (c/o Businessolver, Inc.)  
ATTN: COBRA Administration  
P.O. Box 310512  
Des Moines, IA 50331-0512

##### **TO CHECK ON PAYMENT AND ACCOUNT STATUS**

Go to [fshbenefits.fourseasons.com](http://fshbenefits.fourseasons.com) using your previous log in information. If you previously used a company intranet to log in; please register using the company key of: fourseasons. If you have questions, please contact your COBRA Administrator at 866-672-0435.

## SUMMARY OF THE COBRA PREMIUM ASSISTANCE PROVISIONS UNDER THE AMERICAN RESCUE PLAN ACT OF 2021

President Biden signed H.R. 1319, the American Rescue Plan Act of 2021 (ARP), on March 11, 2021. This law subsidizes the full COBRA premium for "Assistance Eligible Individuals" for periods of coverage from April 1, 2021, through September 30, 2021.

To be eligible for the premium assistance, you:

- **MUST** have a COBRA qualifying event that is a reduction in hours or an involuntary termination of a covered employee's employment;
- **MUST** elect COBRA continuation coverage;
- **MUST NOT** be eligible for Medicare; AND
- **MUST NOT** be eligible for coverage under any other group health plan, such as a plan sponsored by a new employer or a spouse's employer.\*

*\*This restriction does not include coverage under a plan that provides only excepted benefits, a qualified small employer health reimbursement arrangement, or coverage under a health flexible spending arrangement.*

### IMPORTANT

- If you do not elect to receive the premium assistance within 60 days of receipt of this form, you may be ineligible for the premium assistance.
- If you elect COBRA continuation coverage with premium assistance, and then become eligible for other group health plan coverage (not including coverage that is only excepted benefits (such as dental or vision coverage), a Qualified Small Employer Health Reimbursement Arrangement, or a health flexible spending arrangement), or if you become eligible for Medicare, you **MUST** notify the plan in writing. **If you fail to provide this notice, you may be subject to a penalty of \$250 (or if the failure is fraudulent, the greater of \$250 or 110% of the premium assistance provided after termination of eligibility). You won't be subject to the penalty if your failure to notify the plan is due to reasonable cause and not due to willful neglect.**
- Employers that don't satisfy COBRA continuation coverage requirements may be investigated by the Department of Labor and may be subject to an excise tax under the Internal Revenue Code.
- If you elect COBRA continuation coverage and are eligible for the premium assistance, you cannot claim the Health Coverage Tax Credit. You also cannot qualify for a premium tax credit to help pay for coverage through a Health Insurance Marketplace, such as on HealthCare.gov, for any months that you are enrolled in COBRA continuation coverage with or without the premium assistance.

For general information on your plan's COBRA continuation coverage, contact the COBRA Administrator:

Four Seasons (c/o Businessolver, Inc.)  
P.O. Box 310512  
Des Moines, IA 50331-0512  
866-672-0435

For specific information on your plan's administration of the ARP premium assistance or to notify the plan of your ineligibility to receive premium assistance, contact the Plan Administrator:

Four Seasons  
1165 Leslie St  
Toronto, Ontario M3C 2K8  
866-672-0435

For more information regarding ARP premium assistance and eligibility questions, visit <https://www.dol.gov/cobra-subsidy> or contact the Department of Labor at askesba.dol.gov or 1-866-444-EBSA (3272).



## COBRA CONTINUATION COVERAGE ELECTION AND REQUEST FOR PREMIUM ASSISTANCE INSTRUCTIONS

Under federal law, you have 60 days from the date of original notice or the coverage termination date, whichever is later, to elect COBRA continuation coverage under the Plan, unless you are entitled to additional time under a federal policy or program. For example, you may be entitled to more time because of a national emergency. However, if you fail to elect COBRA continuation coverage and the premium assistance within 60 days of receipt of this form, you may be ineligible for the premium assistance under the ARP.

### **IT TAKES JUST THREE EASY STEPS TO REVIEW AND ENROLL IN YOUR COBRA COVERAGE OPTIONS ONLINE:**

1. **Go to [fabenefits.fourseasons.com](#)** and log in with your username and password. If you don't know them, select **Register** then provide your company key (**fourseasons**), your Social Security Number and your Date of Birth.
2. **Review and make your COBRA elections.** The online enrollment process makes it easy to select the coverage you're eligible for and request premium assistance under ARP. Please note, if you are a dependent electing coverage for yourself only, you will need to complete and return the attached enrollment form. Once enrolled, you will be able to login to **[fabenefits.fourseasons.com](#)** and create your online account.
3. **Choose the payment method you want.** Please note, if you are an Assistance Eligible Individual under ARP, you will not be required to make a payment for assistance-eligible plans until your premium assistance ends.
  - a. **Pay Online** – Provide your preferred payment method and account information. You can set up automatic monthly payments and avoid the usual \$2.00 monthly convenience fee.
  - b. **Pay by Check** – Make your check payable to **Four Seasons**.

If you are an Assistance Eligible Individual under the American Rescue Plan Act of 2021 (ARP), you may also apply for ARP Premium assistance online at **[fabenefits.fourseasons.com](#)** during your online enrollment.

If you choose to submit your completed Election Form by mail, it must be postmarked no later than **07/05/2021**. To apply for ARP Premium Assistance, complete the Request for Treatment as an Assistance Eligible Individual and send this form along with your Election Form. If you do not complete these forms and return within 60 days of receipt, you may be unable to receive the premium assistance.

Completing your enrollment online at **[fabenefits.fourseasons.com](#)** is the fastest and most secure way to ensure continuation coverage for you and your family. **Requests received by mail can take up to 7-10 days from receipt to complete processing.** For elections and requests for premium assistance submitted by mail, send the completed forms to:

Four Seasons (c/o Businessolver, Inc.)  
 ATTN: COBRA Administration  
 P.O. Box 310512  
 Des Moines, IA 50331-0512

If you do not submit a completed Election Form and Request for Treatment as an Assistance Eligible Individual, if applicable, or complete **your online enrollment** by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject/waive COBRA continuation coverage before the due date, you may change your mind and revoke your rejection/waiver as long as you complete your enrollment online at **[fabenefits.fourseasons.com](#)** or submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Your decision whether to elect COBRA continuation coverage will affect your future right to portability of group health coverage, guaranteed access to individual health coverage and special enrollment. Additional information about such rights is included in your Plan's summary plan description. You may also want to read the important information about the rules for premium assistance included in the Summary of the COBRA Premium Assistance Provisions Under the American Rescue Plan Act of 2021 attached.

If you elect to continue coverage, and if you meet all other requirements explained on the enclosed document, your COBRA continuation coverage will begin on **05/01/2021**.

### **IF YOU ARE NOT ELIGIBLE FOR PREMIUM ASSISTANCE:**

You must make your first payment for COBRA coverage no later than 45 days after the postmark date of your election (this is the date your Election Form is mailed) or completion of **your online enrollment**. If you do not make your first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under the Plan.

**IMPORTANT: Your first payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month before the month in which you make your first payment.**

Subsequent payments are due on the 1<sup>st</sup> of the month. If you do not remit the full premium on a timely basis, your coverage may be terminated. Refer to the PREMIUM PAYMENT INFORMATION section for more information.

**COBRA CONTINUATION COVERAGE ELECTION FORM**  
(FOR BSC USE ONLY: Four Seasons - mm\_num:357073847)

Read the important information about your rights included in this packet before completing your Election Form below.

**Your COBRA Continuation elections must be completed and/or postmarked no later than 07/05/2021.**

Completing your enrollment online at [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com) is the fastest and most secure way to ensure continuation coverage for you and your family. Elections received by mail can take up to 7-10 days from receipt to complete processing. To enroll by mail, complete this form and return to the COBRA Administrator at the address provided in the COBRA Continuation Coverage Election and Request For Premium Assistance Instructions.

Only members covered at the time of Qualifying Event are eligible for continuation. The following Qualified Beneficiaries are eligible to continue coverage under COBRA:

**PLACE AN "X" BY QUALIFIED  
BENEFICIARY TO BE COVERED:**

**QUALIFIED BENEFICIARY**  
Vivian Holmes

**SOCIAL SECURITY NUMBER**  
XXX-XX-7168

The Company may pay a portion of your COBRA costs for the period of time outlined in your severance agreement. Refer to that agreement for detailed information. You have the right to COBRA regardless of whether you sign your agreement or not, however the Company will only be obligated to pay its portion following your execution of the agreement. Following the severance period, you will be responsible for payment of the full COBRA premium stated on the Election Form.

*You may be eligible for a Vision premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a EAP premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved. You may be eligible for a Medical premium reduction of 100% for the period of 05/01/2021 to 09/30/2021. If you believe you meet the criteria for the premium reduction, complete the "Application for Treatment as an Assistance Eligible Individual" and return it with your completed Election Form. The premium reduction will not be applied until the form is received and approved.*

I/We elect COBRA continuation coverage as indicated below:

**PLACE AN "X" BY COVERAGE SELECTION:**

**MONTHLY COST**

As a COBRA Qualified Beneficiary you are being given the opportunity to continue the EAP program through COBRA. If you elect to take this coverage, you will be charged \$ 0.87 /Monthly MO until your COBRA end date, or, until you explicitly terminate this coverage, whichever is earlier.

- Yes, I wish to elect the EAP program.  
 No, I do not wish to elect this plan.

**COBRA PREMIUMS ARE SUBJECT TO CHANGE.**

*California residents, please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in higher premium or you could be denied coverage entirely.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Email Address  
*(Recommended to receive future reminders and notifications regarding your account and payments due.)*

Telephone Number

Mailing Address

Questions? For faster service, we recommend first reviewing the information provided within your account via [fbbenefits.fourseasons.com](http://fbbenefits.fourseasons.com). This information is available at your convenience, with no wait times.



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**REQUEST FOR TREATMENT AS AN ASSISTANCE ELIGIBLE INDIVIDUAL**

(FOR BSC USE ONLY: Four Seasons - mm\_num:957073847)

Completing your enrollment and request for ARP Premium Assistance online at [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com) is the fastest and most secure way to ensure continuation coverage for you and your family. Requests received by mail can take up to 7-10 days from receipt to complete processing. To apply for ARP Premium Assistance by mail, complete this form and return to the COBRA Administrator at the address provided in the COBRA Continuation Coverage Election and Request For Premium Assistance Instructions.

If you have not yet elected COBRA continuation coverage, you may send this form along with your completed Election Form. If you do not complete this form and return it within 60 days of receipt, you may be unable to receive the premium assistance. If you are already enrolled in COBRA, you may send this form in separately.

You may also want to read the important information about the rules for premium assistance included in the Summary of the COBRA Premium Assistance Provisions Under the American Rescue Plan Act of 2021.

**TO QUALIFY, YOU MUST BE ABLE TO CHECK "YES" FOR ALL STATEMENTS BELOW FOR EACH QUALIFIED BENEFICIARY:**

1. The qualifying event was a loss of employment that was involuntary or a reduction in hours.
2. I elected (or am electing) COBRA continuation coverage.
3. I am NOT eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming premium assistance).
4. I am NOT eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming premium assistance).

**PLACE AN "X" BY QUALIFIED  
BENEFICIARY IF ALL STATEMENTS  
ABOVE ARE TRUE:**  
[ ]

**QUALIFIED BENEFICIARY**  
Vivian Holmes

**SOCIAL SECURITY NUMBER**  
XXX-XX-7168

*Any Qualified Beneficiaries that do not meet the requirements for treatment as an Assistance Eligible Individual will be enrolled in coverage separately and will be responsible for paying all premiums as billed.*

I make an election to exercise my right to ARP premium assistance and attest that I meet the requirements for treatment as an Assistance Eligible Individual. To the best of my knowledge and believe all of the answers I have provided on this form are true and correct.

Signature

Date

Print Name

Email Address

(Recommended to receive future reminders and notifications regarding your account and payments due.)

Telephone Number

Mailing Address

Questions? For faster service, we recommend first reviewing the information provided within your account via [fsbenefits.fourseasons.com](http://fsbenefits.fourseasons.com). This information is available at your convenience, with no wait times.

For Further Assistance, you may contact the Department of Labor's Employee Benefits Administration at 1-866-444-3272, or online at <https://www.asksrsa.dol.gov/WebIntake>.



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